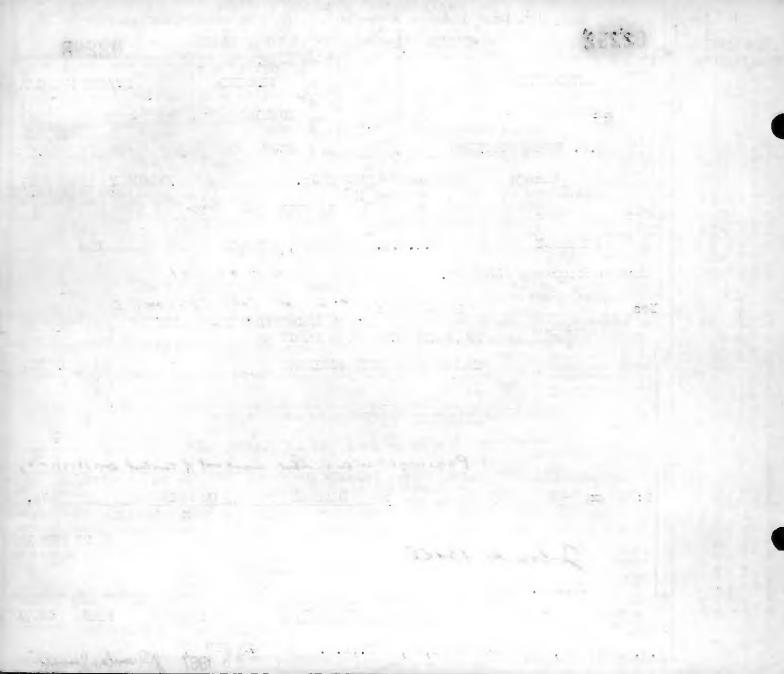
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Item #2a FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY b. COUNTY PM3. Page MONTGOMERY JO. after deoth. MARYLAND PRINCE / WILLIAM deloy C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give hearest tawn) b. CITY OR TOWN (If autside carparate limits, QUANTICO// St. Petersburg HOURS d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office along with form U.S. NAVAL HOSPITAL YES NO Valencia Way. 24 haurs after death. 3. NAME OF First Middle 4. DATE Doy Yeor DECEASED Hunton (Type ar print) Beauchamp ALLEN Jr. DEATH FEBRUARY S. SEX 6. COLOR OR RACE NEVER MARRIED TO 9. AGE (In years 7. MARRIED 8. DATE OF BIRTH 22 prs. Months Days Haurs 16 JULY 1944 MALE CAUC DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT U.S.M.C. during most of working life, even if retired) COUNTRY? ROME, GEORGIA

14. MOTHER'S MAIDEN NAME. the Chief Medical Examiner's TISA 13. FATHER'S NAME be executed within UNKNOWN Hunton Beauchamp ALLEN Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service removal MARINE RECORDS 261 68 9466 Yes SEVERE LACERATION AND CONTUSTON 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 10 OF BRAIN WITH SKULL FRACTURE IMMEDIATE CAUSE (a) certificate should writing the word crematian, DITE TO TRAUMA FROM AUTO ACCIDENT 95 HOURS Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying cause 0 015 burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES Z 2Do. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) plnods PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Passenger in car that went out of control on 1419 5 may be retained for your files to FUNERAL DIRECTOR: Page 3 sh Health or its designated agent, 20e, PLACE OF INJURY (Home, farm, 2Dc. TIME OF INJURY Month, Day, Year Hour a.m factory street, office bldg., etc.)
HIGHWAY at wark DUMFRIES please execute VA. 21. I certify that I took charge of the remains described above, held an Autopsy x Inspection X, Inquiry 52 and in my opinion death resulted fram: the funerol director. Natural causes . Accident X. Suicide Hamicide Undetermined manner 23 FEB 1967 CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) JOHN G. BALL Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY CHORNELL ARD 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) GEORGIA 2-27-6 WILLIAMSON PEKE WILLIAMSON METHODIST 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) FEB 67 W.W. CHAMBERS. 1400 CHAPIN ST.NW, WASH., D.C. 6M 1/66 196



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02293 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where degeosed lived, if institution: Residence before admission) o. COUNTY ... o. STATE b. COUNTY 2, and PM3. Page delay is and 3 ta Sfate Department b. CITY OR TOWN (If autside comporate limits, c. LENGTH OF STAY IN 11 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and hive nearest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS glong with farm ON A FARM? YES NO I Give Pages 24 haurs after death. DATE NAME OF Doy Year DECEASED OF DEATH 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED lost hirthdoy) Months Hours Davs Item 18. WIDOWED DIVORCED be farwarded to the Chief Medical Examiner's Office pages land2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY hours after = 14. MOTHER'S MADEN NAME 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit event , PART I. DEATH WAS CAUSED BY This certificate shauld be sudden IMMEDIATE CAUSE (o) _ Alsohyxia writing the ward **DUE TO** Obstruction of larynx (below vocal cords) any Conditions, if ony, which gove rise to immediate couse (a), .0 DUE TO Aspirated aspirin tablet (Accidental) stoting the underlying couse pup OS remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? execute the certificate, NO YES X Internal hydrocephalus with shunt by Torgelson tube advanced. 200. EXTERNAL CAUSE WAS PRIMARY U. or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 3 should 1D 4 shauld crematian, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While 5 may be retained far yaur O FUNERAL DIRECTOR: Page of work Md 1967 MITT. Page of work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry 💢 Inspection Z ond in my opinion Natural causes . Accident X. deoth resulted from: Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION. (County) Arlington. 2-17-1967 Arlington Nat'l. Cem On Va 25a REC'D BY REGISTRAR Joseph VR A 15ME (5) Wisc. Ave. N.W. 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 STAN CERTIFICATE OF DEATH CV 2. USUAL RESIDENCE (Where deceased lived, if institution is addressed by admission) The law requires that the deoth certificate be executed within 24 hours ofter death ond completely filled in by the funeral remove carbon papers. Pages 1 and 2 in any event, within 72 hours ofter deoth 1. PLACE OF DEATH o. COUNTY b. COUNTY Maryland Montgomery MARYLAND Prince George c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside corporate limits, Silver Spring, College Park hr d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 3533 Marlbourgh Way Holy Cross Hospital NO [3 NAME OF Middle 4. DATE Manth Last Day Year DECEASED (Type or print) 67 Arkow Morris NMI DEATH S. SEX B. OATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED birthday) Months Davs Haurs 7/20/95 White WIDOWED DIVORCED Male 10a. USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) Sewing Machine JNDUSTRY COUNTRY? USA Poland, Warsaw Garment 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Victor Rose 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address son in law (Yes, no, orunknown) (If yes give war or dates of service) crematian, or Same address 340107764 Harold Lippmann INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH buriof-transit INFAR COTION PART I. DEATH WAS CAUSED BY. MYOCARDIAL IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by Reap DUE TO COROSAR buriol, THROMBOSIS Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause DEDSEASE etoched for use os the Dept. of Health prior to Dr last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? P ARTERIOS CLOROSIS NO YES eared 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. factory, street, office bldg., etc.) Nat While pe 21. I certify that (1) (this hespital) attended the deceased from NOV 196 /. that (1) (we) last should and that death accurred a 1.00 GM, fram causes and an the date stated above saw the deceased alive an 22a SIGNATURE 22b DATE SIGNED director, page 3 should be filed v M.D. DIRECTOR PHYS ADDRESS 22d. PHYSICIAN'S 22r YNIV. BLVD 135 NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL CREMATION (County) REMOVAL (Specity)
DUTIAL 15/67 Mt. Lebanon Cem Hvattsbille. Md. 24. FUNERAL DIRECTOL ADDRESS 3501-14th 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Danzansky & Sons St.NW. Wash.DC



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH hours ofter death law requires that the death certificate Be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH the ottending physician and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages I and o. COUNTY D. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) Silver Spring days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 ON A FARMS YES NO 4. DATE NAME OF Lost Doy Year DECEASED 19 6 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Hours WIDOWED DIVORCED and in ony 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM Unknown Aaron Collins WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war ar dotes of service) Woodland Drive Mrs. Dorothy Dunn Ues INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH buriol-transit PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 10 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While of work 21. I certify that (1) (this haspital) attended the deceased fram. and that death accurred at 5 F M, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 230. BURIAL, CREMATION 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY Burnal (Specify) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24- FUNERAL DIRECTOR-Millionelly Verge VR A15 (4) 20 M 1/66 umphreu

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12292

1. PLAGE OF DEATH 2. COUNTY MONT COMETY MO	a. COUNTY Montgomery b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Wheaton 6 days	a. STATE New Jers c. CITY OR TOWN (IF Margate d. STREET ADDRESS 106 Wash	ey	b. coun	tankin C	ounty
Mont gome by b. city or rown (it outside corporate limits, which god give nearest town) b. city or rown (if outside corporate limits, write RURAL and give nearest town) When ton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital), give street address) d. STREET ADDRESS O. STREET ADDRESS O. ARE SESIDENCE University Nubsing Home 106 Washington Ave. 107 Washington Ave. 108 Washington Ave. 109 DEEASED (Type or print) Sophie No Washington Ave. 109 DEEASED (Type or print) Sophie O. STREET ADDRESS O. ARE (if years Flunders Flunders Flunders Flunders Flunders O. ARE (if years Flunders Flunders Flunders O. ARE (if years Flunders O. ARE (if years	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Wheaton 6 days	New Jers c. CITY OR TOWN (IF Margate d. STREET ADDRESS 106 Wash		Rì	tankin C	ounty
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Type or print) Sophie no middle name Batton Dath 2 3 1967 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (in years last birthday) Months Days Hours Min. 10a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) 10b. RIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY Russia 14. MOTHER'S MAME 14. MOTHER'S MAIDEN NAME Frieda 15. WAS DECASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or date of service) UNKNOWN Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line fox (a), (b), and (c).1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY While Not While Accident was understyling cause last Country Country 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NO NO 20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 AVENUE 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 21. Lentify that (If yithis hospital) altended the deceased from 19c. And that death occurred at		Last	4. DATE		Day	Year
The continuence The contin	(Type or print) Sophie no middle name	Barron		2	3	1967
DIVORCED S/30/1892 74 yrs.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9.			
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HOUSewife 13. FATHER'S NAME Benjamin Aronoff 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes ylive war or dates of service) WINTOWN 16. SOCIAL SECURITY NO. 17. INFORMANT Address WINTOWN 18. CAUSE OF DEATH [Enter only one cause per line fox(a), (b), apd (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING (b) CONTRIBUTING CAUSE OF DEATH (IF, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20c. Time Of INJURY Month, Day, Year Hour a.m. p.m. 19	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		ounty & State, o		12. CITIZEN COUNTRY	OF WHAT
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [2] 20a. ACCIDENT WAS UNDERLYING 2005. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) The open states of the decased of the decased from 100 p.m. 20c. TIME OF INJURY Month, Day, Year While at Work 14 twork 15 at Work 15 at Work 16 at Work 16 at Work 19 p.m. 21. Learning that (I) (this hospital) attended the decased from 100 p.m. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1(a) PERFORMED? YES 100 [2] YES 100 [2] YES 100 [2] ATTENDING 16 p. T.		ospital Recor	rds			
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) The law requires that the death certificate be executed within 24 hours ofter deat a. COUNTY o. STATE COUNTY Montgomery Florida MARYLAND b CITY OR TOWN (If outside corografe limits. CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Write RURAL and give nearest town)
Bethesda (rural 15 days Ft. Lauderdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Naval Hospital 1180 S.W. 26th Ave. YES NO FIX NAME OF 4. DATE First Middle Month Day Year DECEASED BARTIETT Elizabeth Anne February 19 67 (Type or pant) DEATH IF UNDER 1 YEAR SEX 9 AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH remove last birthday) Months Days Hours and in ony WIDOWED DIVORCED 23 October 1915 Female Cauc pup 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 GT ZEN OF WHAT INDUSTRY COUNTRY? ottending physicion of sermit. Then please New York, N. Y.

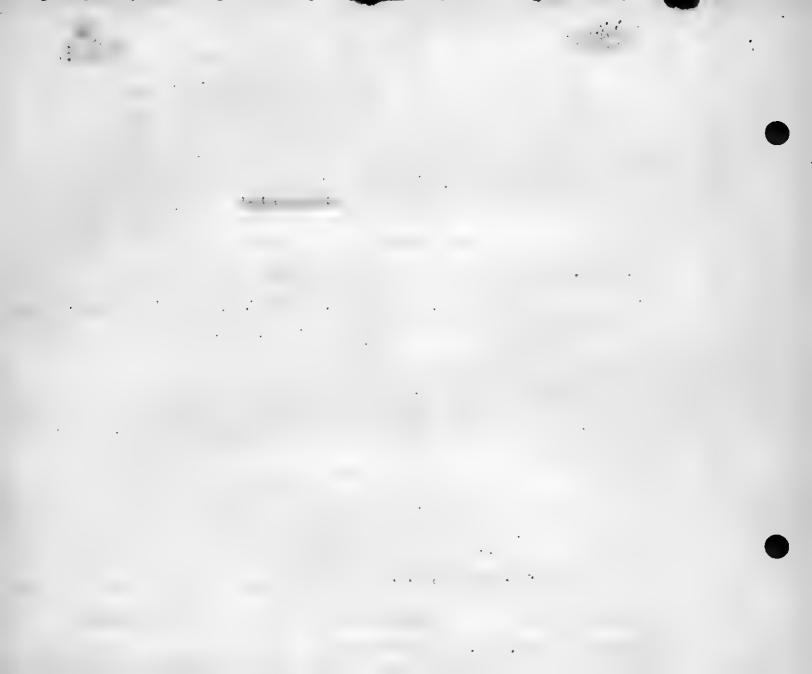
14. MOTHER'S MAIDEN NAME Housewife USA 13. FATHER'S NAME burial, cremation, or removal, Michael McMAHON Elizabeth BOHAN 15. WAS DECEASED EVER IN L. S. ARMED FORCES? 17. INFORMANT Ft. Lauderdale Florida 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) 131-14-6736 Clinton D. BARTIETT, 1180 S.W.26th Ave. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit p PART I DEATH WAS CAUSED BY: ONSET AND DEATH Nutritional Cirrhosis with bleeding diathesis IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physicion. **DUE TO** Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause last. 19 WAS AUTOPS!
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Ft. Lauderdale, Florida 23a BURIAL, CREMATION 3-2-67 ADDRESS 25a REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home, 7557 Wisconsin VR A15 (4) 25M 1/67 Ave. Bethesda Maryland



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death, death. 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) PLACE OF DEATH a. COUNTY filled in by the fu papers. Pages ∰ in 72 hours after d a. STATE b. COUNTY hours after 00 OMI MONTERMER MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KING d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? within AULYES 0 No 🗷 n and trampletely l remove carbon p in any event, within death certificate be executed within 3. NAME OF First Middle Last DATE Month 4. Year DECEASEO (Type or print) DEATH 19 5. SEX 6. COLOR AGE (In years | IF UNOER 1 YEAR IF UNOER 24 HRS 7. MARRIEO NEVER MARRIEO last birthday) | Months | Davs MALF Hours WICOWEO DIVORCED physician an please reval, and in 10a, USUAL OCCUPATION (Give kind of work done | = 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Wholesale Delicatessen Russia 13. FATHER'S NAME attending phy ermit. Then p n. or removal, MOTHER'S MAIDEN NAME William W. Behrman Маки 15. WAS OECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. cremation. 10807 Georgia Avenue Fannie Behrman. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ial-transit ONSET AND DEATH signed by PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. DAY 등 iospital or attended to signer certificate has been signer for use as the burial DUE TO Cenditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY CAT PERFORMED? YES EZ No 🗐 208. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part/II of item 18.) FUNERAL DIRECTOR: After this certifector, page 3 should be detached tould be filed with the State Dept. of 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 1954. 21. I certify that (I) (this hospital) attended the deceased from 20 and that death occurred at/150 MM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED MEO. achu M.D. PHYS. DIRECTOR PHYS. 22 C. PHYSICIAN'S 22d. **ADDRESS** director, p should be NAME (Type) Arthur S. Bresler, M.D. 10881 Lockwood Drive. Silver Spring, Md. BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Burial REC'D BY REGISTRARY 250. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 6010 Reisterstown VR AI5 (4) evinson & Bros. Inc.. When to Judge 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE **b** COUNTY Montgomery Montgomery nove carbon papers. Pages 1 yevent, within 72 hours after MARYI AND Maryland b CITY OR TOWN (If outside comparate limits. E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Olney davs Olney d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS .⊑ ON A FARM? filled 3207 Emory Church Road Montgomery General Hospital NO 30 Middle NAME OF First 4. DATE Month Year move carbon DECEASED (Type or print) Gladys Cecelia Belding 67 DEATH DATE OF BIRTH 9 AGE (In years JE UNDER I YEAR IF UNDER 24 HRS 7. MARRIED SE 6 COLOR OR RACE **NEVER MARRIED** lost birthdoy) Haurs 3-26-96 White DIVORCED Female WIDOWED 100 JSUAL OCCUPATION (Give kind of work done during most of work ing life, even if retired)
Housewife 12 CITIZEN OF WHAT 106 KIND OF BUSINESS OR 1) BIRTHPLACE (County & Stote, or foreign country) Own home COUNTRY? Washington, D. C. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal Gladys Murphy David Poore IS WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give wor or dotes of service) Emory Church Ro Mahuland CAUSE OF DEATH (Enter only one couse per line for (a) INTERVAL BETWEEN buriol-fransit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse as the prior to Inst. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CASTH BULL NOT REMAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? Heolth YES TO NO 20b. DESCRIBE HOW INJURY OCCORRED. (Enter noture of injury in Port I or Part II of item 18) 2Do ACCIDENT WAS JNDERLYING IN OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) (Stote) 20x TIME OF INJURY Month, Doy, Year factory, street, office bldg , etc.) Hour om of work of work 21 I certify that (1) (this hospital) attended the deseased from Page 4 may be retained and that death accurred at 11,35 Affiram causes and an the date stated above. sow the deceased alive an director, page 3 should should be filed with the 22o, SIGNATURE 22b DA ATTENDING DIRECTOR PHYS M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Medical Center, Sandy Spring HAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION REMOVAL-(Specify) 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) Cedar Hill Cemetery Suitland, Maryland 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DATE Pumphrey ilver Spring



,	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	02300 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02298
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Dept. 2	d NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM?
form form	263 Congressional Lane Apr. 219- 263 Congressional Land YES 11 NO
s certif cate should be executed within 24 havrs after death if ary delay e, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 forwarded to the Chief Medical Examiner's Office along with farm PM3. Pa used as a buncl-transit permit file pages land 2 with the State Department novol, and in any event within 72 haurs after death.	3. NAME OF DECEASED (Type or print) Julia Bell Berry DEATH Febusiy 23 1967
ang Ging	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years Neurole 194 HR
2 e a 2 %	TE W - WIDOWED BIVORCED 3/4/1911 49 Yrs
hin 24 haurs nail in Item 18 niner's Office pages land 2 v urs after death	100 USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
24 ris (Secretary Lexington, Virginia U.S.
hin hine hine sage	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
m per Exam File p	Edward Quesinberry Katie Belle
ed in all E	IS WAS DECEASED EVER IN J S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Husband Address Same as Item 2.
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td be executed within 24 haurs and "pending" in pencil in Item 18 Chief Medical Examiner's Office of transit permit. File pages Land 2 verent within 72 haurs after death	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: SAME AND ASSES ASSESSED A
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Al EXA execute ar Page d far you TOR: Pag	
MEDICAL IS lease exect director Po etained far DIRECTOR:	death resulted fram Natural causes, Accident Suicide 🔀, Hamicide Undetermined manner
MEDICA please e. directar directar etained DIRECT	CHIEF MEDICAL EXAMINER
Z S S S S S S S S S S S S S S S S S S S	SIGNATURE Ook B. Bell - M.D. ASSISTANT MEDICAL EXAMINER
TO DEPUTY MEDICAL EXPRESSORY, please executive function Page 5 may be retained for 10 FUNERAL DIRECTOR: Peculify prior to burief, as	EXAMINER'S NAME (Type) JOHN G. BALL DEPUTY MEDICAL EXAMINER 2/24/c7 Address (Street, city, town, or county) Bethesda, Md.
DE Sites may	230 BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote)
5 = 2 5 ± V	Burial Specify 2-27-67 Ft. Lincoln Cemetery Prince George County, Mc 24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
1/7/	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
VR A15ME (5)	ROBERT A. PUMPHREY, Bethesda, Maryland James of the Control of the

I tems 13-21 Film 300 3-6-MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) COUNTY b. COUNTY Mondtgomery 후 건 축 Montgomery

b. CITY OR TOWN (if outside corporate limits. Marvland MARYLAND and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town write RURAL and give nearest town) - b Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Silver Spring Pages urs affe within filled i d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? 406 Hinsdale Lane YES NO Y 406 Hinsdale completely papers. in 72 ho 4. DATE OF Middle Yaar Month Dev DECEASED (Type or print) DEATH 1967 and cor wirhi 5. SEX 6 COLOR OR RACE TO MARRIED TO NEVER MARRIED B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. DIVORCED | WIDOWED 🗸 '7096 yrs. White physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if relired) U.S.A. 13. FATHER'S NAME Russia please 14. MOTHER'S MAIDEN NAME affending MAX MARGOLTES SARA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT SARAH REBECCA -PAOL (Yes, no, or unkown) | (Ifyesgive werordetes of service) Berry 406 Hinsdale Ln.S.S.Md. Asriel 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) þ ONSET AND DEATH physici PART I. DEATH WAS CAUSED BY: signed on Meal IMMEDIATE CAUSE (e) DUE TO aftending Conditions, if eny, which (b) geve risa to immedieta cause **DUE TO** (a), stating the undarlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate CATION PERFORMED? 0 YES NO use prior CERTIFIC 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Itam 18.) jo OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Health detached MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! Month, Day, Yeer 20f. (City or town) (County) (State) AITENDIN fectory, street, office bldg., etc.) ō Hour a.m. While Not While at work al work p.m. DIRECTOR: 196/ to File 4 1967, that (1) (vo) last 23. I certify that (I) (this hospital) attended the deceased from. ס saw the deceased alive on ... shoul e O 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. STAFF PHYS. DIRECTOR PHYS. death. Page 4 M.D. HOSPITAL page with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dessoff. M.D. Samuel ector, 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Ö.₽₽₽ Hyattsville, Md. Mt. Lebanon Cem. ADDRESS 3501-14th 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Danzansky & Sons St., NW, Wash. D. C. DATE VR A15 (4) 20M 5-63



7 . 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		02302 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02298	}
HEALTH\DEPT.		PLACE OF DEATH O. COUNTY O. COUNTY O. COUNTY O. STATE O. STATE O. STATE O. COUNTY O. C	admiss on)
f any delay is 1, 2, and 3 to m PM3. Page		b CITY OR LOWIN (f outside corporate aintris, write RURAL and give nearest write RURA) and give decrest town (f) and give decrest town (f) and give decrest town (f) and give nearest form (f) and give	lown)
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within pencil xomine rile pog hours		Thomas W. Bissett. Name Name Name	
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L EXAMINER recute the cert Poge 4 shoul for your files. R: Page 3 shoul il, cremotion, etc.	MEDICAL	p.m. 17 of work 🗀 of work	
= 3 d		death resulted fram: Natural causes 🔼, Accident 🗌, Suicide 🔲, Hamicide 🗐, Undetermined manner 🗍	in my ap`nian
O DEPUTY MEDITA necessory, please e. the funeral director 5 may be retained 7 FUNERAL DIRECTOR Heo'th prior to burn		SIGNATURE MD ASSISIANT MEDICAL EXAMINER 2/17/67	. DATE SIGNED
TO DEPUTY necessory, the funero 5 may be 10 FUNERAL Heolth price		NAME (Type) JOHN G. BALL Address (Street, cty, town, or county) Bethesda, A	
TO I the 5 m	23c	BURIAL (REMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (County) BURIAL (REMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY APPLIANCE OF COUNTY) APPLICATION (CITY OF TOWN) (County) APPLICATION (CITY OF TOWN) (CITY OF TOWN) (COUNTY) APPLICATION (CITY OF TOWN) (C	(Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH



1 (MA		MARY DIVISION OF STATISTICAL RESEA	'LAND STATE DEI \rch and records	PARTMENT OF HEAI 3. 301 W. PRESTON STRI	L TH Eet, baltimore 1, 1	MARYLAND
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that the death certificate be sician. ned by the attending physician stransit opermit. Then blease	9	(Y	, no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITYNO. 117	INFORMANT	Address	De
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t the	Tem:		PART I. DEATH WAS CAUSED BY:	elwono	my e cen	a de	ONSET AND DEATH
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9-€ v =	2		Conditions, If any, which gave rise to immediate (b)	re-eve va	reulas ar-	e-calmy	says
	5		cause (a), stating the DUE TO underlying cause last. (c)				
he faw or atten ate has		TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
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CIAN ospit certi	84	L CERTIFICATI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In	Part I or Part II of Item 18	3.)
	state De	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. p.m. 19 at work	Not While factor	CE OF INJURY (Home, farm, 20f. y, street, office bldg., etc.)	. (City or town) (Co	unty) (State)
ATTENDING retained by CTOR: After should be	the	Н	21. I certify that (I) (this hospital) attended	d the deceased from_/		0.2/7/6/, 19	, that (I) (we) last
ATTENDI retained ECTOR: A	with the	Ш	saw the deceased alive on 2/6/6	, and that	death occurred at 4:34 M.		the date stated above. DATE SIGNED
AL OR ay be	filed		22c. PHYSICIAN'S	meros M.D.		STAFF PHYS.	17/67
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR:	id be		NAME (Type) Patrick James	ion	22d. ADDRESS /17/8 (22 07)2	a filve offen	ng. Med
TO HOS Page TO FUN	shorts	23a	BURIAL, CREMATION, 23b. DATE THEREOF. REMOVAL (Specify) 9eb 10. 1967.	10 10	or CREMATORY 23d.	hington D C	ounty) (State)
10 11	4	24	FUNERAL DIRECTOR Glen Carter Colon Carter	ADDRESS-	enue 25a. REC'D BY RE	GISTRAR 25b? REGISTRAR	I'S SIGNATURE
VR A15 (4 20M 1/6		wa	rner (. Fumphrey, Ync	Silver Spring	Md DATE FEB 1	4 1967	4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Sal death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Tllinois b. COUNTY hours after Montgomery MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b á 39 Days Downer's Grove Bethesda = bon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE filled ON A FARM? 1240 Gilbert Avenue The Clinical Center, Bethesda, Md. 20014 YES NO K completely i executed within NAME OF Middle Last DATE Month Dav Year DECEASED and comple remove carb any event, 19 67 (Type or print) Elizabeth Bluder DEATH February Margaret 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNOER 1 YEAR HF UNDER 24 HRS OATE OF BIRTH NEVER MARRIED XX last birthday) | Months | Days Hours 16 May 1946 WIDOWED DIVORCEDI Female. White. attending physician a ermit. Then please re on, or removal, and in a 12. CITIZEN OF WHAT COUNTRY? ~ <u>.</u>= 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY USA Illinois Student 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Roland Bluder Alice Frazier 16. SOCIAL SECURITYNO. ! 17. INFORMANT The Medical Records been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) [(If yes give war or dates of service) The Clinical Center, Bethesda, Md. 20014 Not Available INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Cardiac Arrest 4 minutes or attending physician. **DUE TO** 24 hours Conditions, if any, which Septicemia gave rise to immediate involvement OUE TO cause (a), stating the Bilateral pneumonia with pleural and pericardia 2 weeks underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIOUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTOPSY PERFORMED? Chronic myelogenous leukemia with blast crisis YES X NO T 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. at work at work 21. I certify that M (this hospital) attended the deceased from 11 January 19 67 to 19 Feb. 1967 that XIX (we) last DIRECTOR: age 3 should lied with the 19 67 and that death occurred at 10:140 from the causes and on the date stated above. saw the deceased alive on 19 Feb. 22a. SIGNATURE age 4., FUNERAL Dr., refor, page 3 SPITAL OR / 4 may be r STAFF PHYS. **ATTENOING** X Feb. 19, 1967 DIRECTOR O HOSPITAL PHYSIC/AN'S The Clinical Center, National 22c. 22d. ADDRESS director, p NAME (Type) Institutes of Health, Bethesda, Md. Myron J. Levin. 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 23b. OATE THEREOF REMOVAL (Specify) 2 Downer's Removal Grove. 2-20-1967 Joseph Gawler's Sons In 5130 Wisc. Ave. N. W. Wash 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4) 20M 1/65



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02301 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Š 0 Maryland Montgomery Montgomery MARYLAND pages 1 and 2 with the State Department b, CTY OR TOWN (If outside corporate limits. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write RURAL and give nearest town)
Takoma Park Takoma Park d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Office alang with form 7503 Palmer Lane 7503 Palmer Lane YES NO X Item 18. Give Pages 3. NAME OF Middle 4. DATE First Lost Month Dov Year DECEASED **GF** 14, 19 67 BOONE February (Type or print) GLENN EUGENE DEATH IF UNDER 1 YEAR SEX 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH AGE tin years NEVER MARRIED XXX deoth. lost birthdoy) Months Doys Hours WIDOWED 1=19=17 White Male 100 USJAŁ OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore gn country) during most of working life, even if retired) 72 haurs after INDUSTRY COUNTRYS Virginia ⊆ Station Attendant Gasoline Examiner's pencil 13. FATHER'S NAME 14_ MOTHER'S MAIDEN NAME be executed within Luther C. Boone Lesslie Holdaway 9 ⊆ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address pending" ir ef Medical { permit. ony event within W.W.II Yes IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH MMEDIATE (AUSE (o) Arteriosclerotic Cardiovascular Disease This certificate should writing the ward DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). farwarded ta \subseteq DUE TO stoting the underlying couse 0 and lost. used remayal, PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY 8 PERFORMED? please execute the certificate, NO K FICAT 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in any in Part I or Part II of item 1B.) 3 shauld CERT PRIMARY Or CONTRIBUTING shauld Ġ MEDICAL EXAMINER: CAUSE OF DEATH cremofian, MEDICAL 2Gc T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20F (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) While Not While may be retained far yaur FUNERAL DIRECTOR: Page al work of work 21 I certify that I taak charge of the remains described above, held an Autopsy [Inspection 🗷 and in my opinian Inquiry Hamicide Matural causes 🔀 Accident Undetermined manner death resulted frame?) Swicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X prior SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 2/15/67 **EXAMINER'S** Rudiger Breitenecker, M.D. Health NAME (Type) Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURNAL CREMAT O Sons niPa 250. REC'D BY REGISTRAR 25b_ 961 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02306 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death ram etely filled in by the funeral address and arban papers. Pages I and meyent, within 72 hours after deal I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it institution. Residence before admission) a. STATE a COUNTY COUNTY MONTOOMERY MARYLAND c CITY OR TOWN All autside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If oCtside carpar re imits C LENGTH OF STAY IN 16 write RURAL and give pearest tawn) 39 min e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS YES NO Y NAME OF Middle DÁTE Month Year FILE Day DECEASED OF EBRUARY (Type or print) DEATH IF UNDER 24 HRS. S SEX NEVER MARRIED DATE OF BIRTH AGE (In years 6. COLOR OR RACE lost berthday) Manths Days WIDOWED DIVORCED the attending physician and sit permit. Then please re 10a USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY 14. MOTHER'S MAIDEN MAME 13 FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address permit. (Yes, na, ar unknown) (If yes give war ar dates of service 18. CAUSE OF DEATH (Enter anly one cause per line far (g), (b) burial-transit p burial, crematic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DIJE TO Canditians, if any, which gave nse to immediate cause (a) DUE TO far use as the t Health priar ta b stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Hame farm, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) factory, street, affice bldg , etc.) Hour a.m. Not While While at wark at work be retained by 21. I certify that (1) (this haspitally ottended the deceased from FEBRUARY 23, 1967, to FEBRUARY 24, 1967, that (1) (we) last saw the deceased alive an 21, 1967, and that death accurred at 459 AM, from causes and on the date stated above. saw the deceased alive an 22a. SIGNATURE ATTENDING M.D DIRECTOR PHYS director, page shauld be filed 22d. **ADDRESS** 22c. PHYSICIAN'S NAME (Type) 23a BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d MOCATION (City or Jewy) JSouthy 2 / 15tone REMOVAL (Specify) UNIONVILLE CHEISLIAN SURIAL REGISTRAR FUNERAL DIRECTOR 2Sb VR A15 (4) 20 M 1/66 ALEXANDRIANA



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH Item #14 infor. 02307 be executed within 24 haurs after death completely filled in by the funeral nove carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission PLACE OF DEATH o COUNTY b. COUNTY o. STATE Montgomery Montgomeru MARYLAND remove carbon papers. Pages 1 nany event, within 72 hours after c CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (# outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give negrest town d. NAME OF HOSPITAL OR INSTITUTION (If not in hyspitoi, give street address) d. STREET ADDRESS ON A FARM? NO T event, within 103 3. NAME OF DATE Year Lost Russell DECEASED (Type or print) a. Bradford OF 6 19 DEATH 5 SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR -6, COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months and in any leu easian WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY please INDUSTRY physician Montgomely law requires that the death certificane 13. FATHERS NAME 14 MOTHER'S MAIDEN NAME burial, crematian, or remaval BRADFORD by the attending phy Rebecca Ann Mills 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANTS 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the burial-transit r PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Premature birth (3 lbs. 112 oz.) neonatal deat IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhauld be filed with the State Dept. of Health priar to burial, tree DUE TO Conditions if ony, which gove Pulmonary atelectasis rise to immediate couse (o), DUE TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES K NO 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg , etc.) Hour o.m. While Not While of work of work 21. I certify that (i) (this haspital) attended the deceased fram 2-16 5 19.67, and that death accurred at £115PM, fram causes and an the date stated above. saw the deceased alive an 2-6 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. 七 M.D. DIRECTOR PHYS. 22d, ADDRESS 22/ PHYSICIAN'S 9911 ULO GEORGETOWN RADETHENON NAME (Type) John E. Cassidy 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d LOCATION (City or Town) (County) (Stote) Silver Sprippentfonce BREMOYAL (Specify) 2/9/67 Gate of Heaven AUDRES ROCK. PIKE 25n, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Tyson Wheeler Funeral Home Rockville. DATE

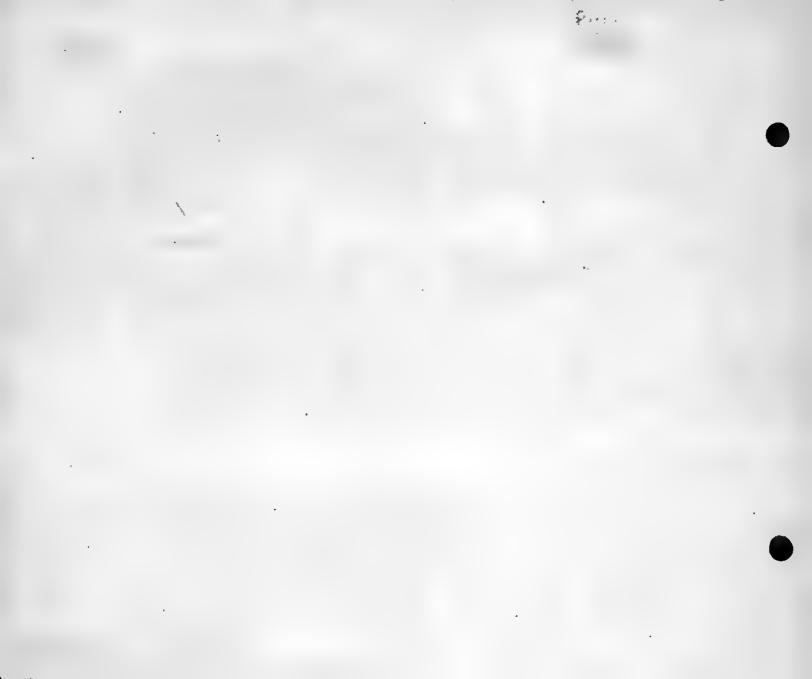


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02309 CERTIFICATE OF DEATH death, requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery o. COUNTY Montgome ry haurs after MARYLAND b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest tawn) 7. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Years Bethesda cian and completely filled in lease remave carbon papers. and in any event, within 72 ho d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? 8300 Woodhaven Blvd. 8300 Woodhaven Blvd. YES NO SE 3 NAME OF please remave carbon Middle 4. DATE First Month Year Day DECEASED Spedden Type or print DEATH S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR JE UNDER 24 HRS X 7. MARRIED NEVER MARRIED 23 purthdoy) Months Dovs Hours White Dec. 25.1943 Male WIDOWED DIVORCED 10h KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 11, BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT duting most of working life, even if refired) INDUSTRY COUNTRY? Camp Counselor Washington, D.

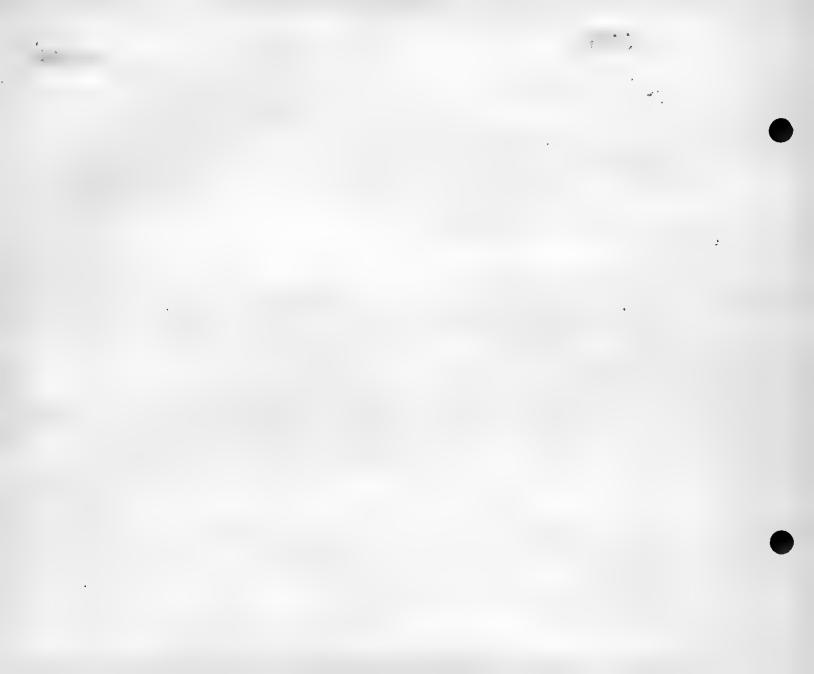
14. MOTHER'S MAIDEN NAME H.S 13. FATHER'S NAME Harold Spedden Brannock Janice Wilson IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Father Address (Yes, no, or unknown) (If yes give wor or dates of service Item 2. Same as burial, crematian, or the atter permi Harold S.Brannock No IB. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate cause (a), DUE TO te has been s use as the b alth priar ta b stating the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) State Dept. af Health NO YES Page 4 may be retained by the haspital or this certificate 20a ACCIDENT WAS UNDERLYING [] 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not While of work ot work 21 | certify that (1) (this hespital) attended the deceased fram _ , that (I) (we) läst saw the deceased alive an____ and that death accurred person M. fram causes and an the date stated above O FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS PHYS page 3 director, pay-22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) 2-25-67 Greenlawn Cemetery Cambridge. Maryland ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4 PUMPHREY. Bethesda. Maryland 1967 20 M 1/660



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funerat and 2 death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, hesidence before admission)
a. STATE M 1 December 1 Dec a. COUNTY 11 ONI GOME MARYLAND Pages urs aft b. CITY OR TOWN (if outside corporate limits c. CITY OR TOWN (If outside comporate limits, write RURAL and/ove nearest town) c. LENCTH OF STAY IN 1b write RURAL and give nearest town 210 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitall give street address) e. IS RESIDENCE d. STREET ACCRESS ON A FARM? YES NO etely pou NAME DE Middle Last 4. Month Day Year **OFCEASEO** MARGAR BRAHN par (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE NEVER MARRIED OATE OF BIRTH ACE (In years | IFUNOER 1 YEAR | IFUNDER 24 HRS 7. MARRIED 16 ba last birthday) Months Days Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done, 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? US certificate 겁 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova transit permit. 15 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16. SOCIAL SECURITY NO. death (Yes, no, or unknwn) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ial-transi ial, crem PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been buria 7/2/1 DIJE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. (c) CERTIFICATION PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY use for use Health PERFORMED? certificate NO V YES hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) t. of OR CONTRIBUTING | CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) det te L factory, street, office bldg., etc.) Hour a.m. Not While p.m. at work at work v 21. I certify that (I) (this hospital) attended the deceased from_ 1947, that (i) (we) last shoul TE 3 sh. saw the deceased alive on... and that death occurred at 1.75 M, from the causes and on the date stated above. 22a. SIGNATURA 22b. OATE page ATTENDING STAFF M.D. PHYS. DIRECTOR . O HOSPITAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) CREMATORY 23d. LOCATION (City, (State) DATE THEREOF 230 town or county) RECISTRAR'S SIGNATURE VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02310 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death signed by the attending physician and completely filled in by the funeral burial-transit permit. Then places, remave carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence-beiers. a. COUNTY o. STATE b. COUNTY ontagmer MARYLAND b CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corparate fimits, write RURAL and give necrest tawn) write RURAL and give nearest town) Wheator mas. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS within 72 3822 Universit Home. NO III 3. NAME OF DATE OF DEATH Middle Yeor DECEASED 20 Kichard son 1967 Type or print rown February IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Days Hours 888 duy WIDOWED DIVORCED 10b KIND OF BUSINESS OR 100 LSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of warking life, even if retired), Housewife B INDUSTRY COUNTRY? U.S.A. t. Then pla 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME C.W. BOND A, MARTIN MARY 3211 VARNUM ST 17. INFORMANT WAS DECEASED EVER NUS. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war at dotes of service 2 BROWN None MORAINIER 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the priar tal has been last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) WAS AUTOPS)
PERFORMED? NO K this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Month, Day, Year 20f. (City or tawn) (County) (Stote) Hour a.m. foctory, street, affice bldg., etc.) While Not While at work 'O FUNERAL DIRECTOR: After at work 21. I certify that (1) (this haspital) attended the deceased from April . 1962 to 2-20- , 1967, that (I) (we) last shauld be retained 1967, and that death accurred at 3:404 M, from causes and an the date stated above. saw the deceased alive an 2-22a, SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. R M.D. directar, page 3 shauld be filed PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Page 4 may NAME (Type) LIW WAShinston DC BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 (State) REMOVAL (Specify) 23 FGB 14 RIADENSBORG, MARYLAND 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Thems #8 & 9 Film 11361.2/20/67 RG. RTIFICATE 24 hours after death. By the funeral Pages 1 and 2 deoth 2. USUAL RESIDENCE (Where deceased lived A institution- Residence before admission) PLACE OF DEATH o. COUNTY. b COUNTY ... a. STATE oán papers. Pages 1 within 72 hours after MARY! AND C LENGTH OF STAY UN TO b CITY OR TOWN (If autorde carparote limits auxide carparate limits, write RURAL and give nearest town) write RURAL and give nearest town and campletely filled in e S RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUT ON (If not in hospital give street address) d STREET ADDRESS YES NO requires that the death certificate be executed within carban NAME OF Middle DATE Marth Day Year DECEASED OF DEATH EBRUAR event, 19 6 (Type or print) 6. COLOR/OR 7. MARRIET NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 3 YEAR IF UNDER 24 HRS please remaye burthday) Months Days Hours remaval, and in any D-VORCED WIDOWED 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done COUNTRY 3 physician c during mast of warking life, even if retired INDUSTRY WSEWG 13. FATHER'S NAME officerity and pre-WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Same best (Yes, no, ar unknown) (If yes give war ar dates of service crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)). signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO buriat, Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the prior tal TO FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health ! PERFORMED? USE MEDICAL CERTIFICATION 3 YES NO F for 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 200 ACC DENT WAS UNDERLYING [detached for the Dept. of N OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory street office bldg . etc.) Nat While at wark 21. I certify that (1) (this hospital) attended the deceased from Oc. 1967, that (I) (we) last and that death accurred at M, fram causes and an the date stated above. saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may director, par NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION DATE THEREOF 23e-NAME OF CEMETERY OR CREMATORY (County) (State) PEMOVAL (Specify) REGISTRARE SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH on popers. Pages I and worthth 72 haurs ofter death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE MARYLAND teh filled in by the octoon popers. Pages CLENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give neasest town) requires that the death certificate be executed within 24 hours aft write RURAL and give hegrest town), d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? NO YES NAME OF Middle DATE Doy DECEASED OF DEATH B. (Type or print) ONA please remove co signed by the ottending physician and compl burial-transit permit. Then please remove a IF UNDER IF UNDER 24 HRS AGE (In years 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Months lost birthday) Hours burial, cremation, or removal, and in any WIDOWED DIVORCED 100 USUA, OCCUPATION (Give kind of work done KIND OF BUSINESS OR 1), BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT 10b during prost of working life, eyen if retired)

HOUSE WIFE INDUSTRY 13' FATHER'S NAME Tda (Hnknown 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) [(If yes give wor or dates of service 2-7141A Same as Item 2. 18. CAUSE OF DEATH (Enter only one cause per line for (g)...(b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the hospital or ottending physicion. DUE TO Conditions, if ony, which gove use to immediate couse (a), DUE TO stoting the underlying couse this certificate has been lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILO) 19. WAS AUTOPS) PERFORMED? NO YES 1 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH o. detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work O FUNERAL DIRECTOR: After 2]. I certify that (I) (this haspital) attended the deceased from and that death accurred at 23 M, fram causes and an the date stated above. saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE M.D. PHYS. director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF Burial (Specify) Darnestown Ch. Cemetery Darnestown. 2-27-67 2So RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 PUMPHREY, Bethesda, Maryland 1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission) MARYLAND b. CITY OR TOWN (if outside corporate limits) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give dearest fown) 0 d. NAME OF HOSPITAL OR completely filleunve carbon papers INSTITUTION (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS DN A FARM? NO V YES I executed within NAME DE First Midăla DATE Day Year DECEASED (Type or print) DEATH 196 FIDE 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days WIDDWED [DIVORCEO X 19 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12, CITIZEN DF WHAT BIRTHPLACE (County & State, or foreign country) ease death certificate be during most of working life, even if retired) FATHER'S NAME MOTHER'S MAIDEN NAME eorge 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((If yes give war or dates of service) None CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BÉTWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a signed Jins speed street the purial, contractions of the purial contracti 1000 DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate YES T NO [PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached f 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 73 1966 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the - 19 6 Z, and that death occurred at 11 3 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED M.D. PHYS. DIRECTOR HOSPITAL TO FUNERAL PHYSICIAN'S 22d. director, p NAME (Type) Kenneth Cruze NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. REMDVAL (Specify) Cemeteru FUNERAL DIRECTOR 25a. REC'D BY 25b. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02314 J in by the funeral pers. Pages 1 and 2 72 hours after degth. The fow requires that the death certificate be executed within 24 hours ofter deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY a. COUNTY **c** STATE remove carbon papers. Pages 1 n ony event, within 72 hours after nontagmery MARYLAND lontaomery b. CITY OR TOWN (If autside corporate limit c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) hrs d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? filled YES NO P 3 NAME OF Middle 4. DATE Dav Year DECEASED OF DEATH (Type or print) oseph NONE ebruga 20 IF UNDER I YEAR I IF JNDER 24 HRS 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH AGE (In years NEVER MARRIED last birthday) Months Days Haurs WIDOWED hinese and 10a USUA, OCCUPAT ON (Give kind at work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, as fareian country) 12 CITIZEN OF WHAT during mest of warking life, even if refired) INDUSTRY Newspaper COUNTRY? White House Correspo Americal 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or remayo Unknown Chiana Unknown -IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 100 Woodridge Ave (Yes, na, at unknown) [If yez give wor or dates of service Mrs. Alice Chiang 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. 1101 DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Jast. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate has detached for use to Dept of Health p NO X 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) detached for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (County) 20c TIME OF INJURY Manth, Day, Year (City or town) (State) Haur a.m. factory, street, affice bldg., etc.) Not While at wark O FUNERAL DIRECTOR: After at wark ded the deceased fram ______, 1955 to £24 · 10 , 1967 that (1) (we) last _______, 1967, and that death accurred at Joseph, fram causes and an the date stated above 21. I certify that (I) (this haspital) attended the deceased from director, page 3 should should be filed with the saw the deceased alive an 7-26 22a SIGNATUR 22b. DATE SIGNED ATTENDING M.D 22d ADDRESS PHYSICIAN S NAME (Type) 1011 Colesville Rd. S. director, 23b DATE THEREOF 23d LOCATION (City or Town) 23a BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (State) (County) Burial (Specify) 9eb 22 Fort Lincoln Cemetery Prince Georges Co.. 24. FUNERAL DIRECTOR 25a. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Charles 1 Pumphreu



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02315 CERTIFICATE OF DEATH and 2 requires that the death certificate be executed within 24 hours after death. funeral 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MONIGOMERY g. STATE b. COUNTY filled in by the fund in papers. Pages 1 c offin 72 hours after d Maryland MARYLAND Montgomerv C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate imits. c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town) 15 min. Gaithersburg e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 11 N. Summit Drive. Hontgomery General Hospital YES NO 🗔 carban 3 NAME OF First Middle 4 DATE Month Year Dov campletely DECEASED OF DEATH FIDNA CLARK February 21 1967 exent, Type or print S SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (n years 7 MARRIED NEVER MARRIED remove birthdoy) Months Doys Hours /19/90 Female White WIDOWED DIVORCED pup and in an 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) HOUSTRY attending physician sermit. Then please COUNTRY? New York TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. Jules Demonat Matilda Geist 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address permit. (Yes, no, or unknown) [If yes give wor or dotes of service] 063-10-4521/3 Hospital Records. Olney. Maryland signed by the atter burial-transit perm burial, crematian, o no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse by the hospital ar attending as the priar tal has been 150030 lost PHYSICIAN: The law PART 4 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? be detached for use State Dept. of Health NO D certificate 20o ACCIDENT WAS LADERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 201 (C*y or town) (County) (Stote) TO FUNERAL DIRECTOR: After this Hour o.m. foctory, street, office bldq., etc.) Not While ATTENDING of work ot work 21. 1 certify that (1) (this haspital) attended the deceased fram _ O HOSPITAL OR ATTEND Page 4 may be retained director, page 3 should should be filed with the and that death accurred at 9:15PM, from causes and on the date stated above saw the deceased alive an_ SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. M.D. PHYS 22d. ADDRESS PHYSICIAN S Jack Schumacher NAME (Type) 105 Russell Ave. Gaithersburg. 23b DATE THEREOF 23d LOCATION (City or Town) 23o. BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 2-25-67 Laytonsville Methodist Laytonsville Mont. Md. 2Sb REG STRAR S SIGNATURE 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Melanles Judge Francis H. Barber Laytonsville, Md.



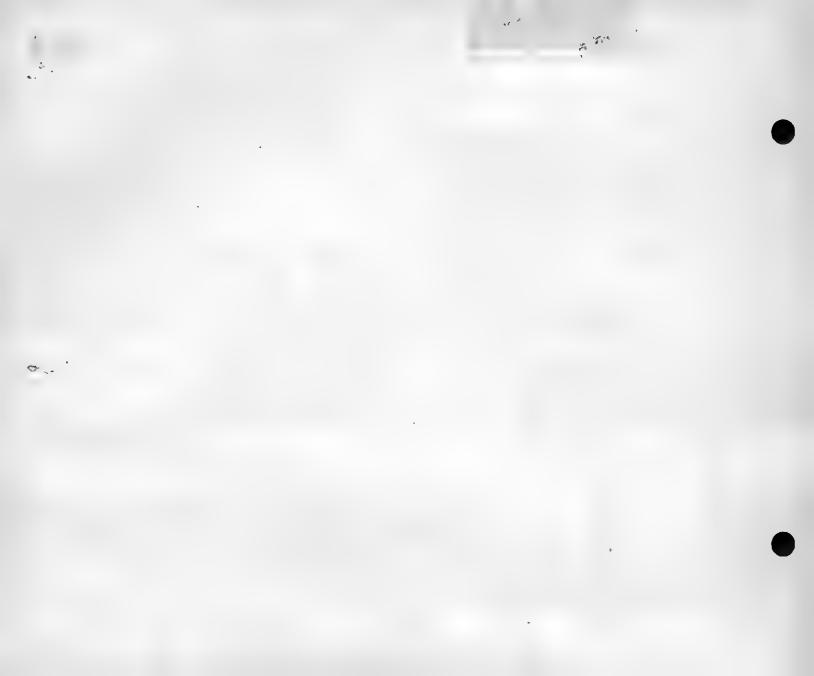
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02316 funeral) ond 2 er deoth. The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY Montgomery Maryland Montgomery icion and completely filled in by the fur lease remove carbon papers. Pages 1 and in any event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Betales da c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 DOA Glen Mar. Park d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Suburban Hospital 5212 Marlyn Drive NO X NAME OF DECEASED (Type or print) Middle 4. DATE Lost Yеаг SAMUEL EXIM COBB Feb., 67 DEATH 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED 8 DATE OF BIRTH AGE (In years NEVER MARRIED ed birthday) Months Cauc. Feb. 22, 1962 WIDOWED DIVORCED 1Do USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Tech Wri 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT vsicion u INDUSTRY Florida 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel E. Cobb Sr. Allené: Fraleigh 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) director, page 3 should be detached for use os the burial-transit permit should be filed with the State Dept. of Health priar to burial, cremotian, or (Above) 579-22-6332 Mrs. Cornelia C. Cobb 18. CAUSE OF DEATH (Enter only one couse per time for (0)) (b), and (c) PART I DEATH WAS CAUSED BY: NTERVAL BETWE signed by the buriol-transit p ONSET AND DEA IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse PARTAIL OBJER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port II of Item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, form, (City or town) (Stote) 2Dc. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED (County) 0 Not While foctory, street, office bldg , etc.) at work ر , 19 ما , that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased frame 19 h Land that death accurred at R:O.A.M., fram causes and on the date stated obave. saw, the deceased alive on 220. SGNATURE 22b DATE SIGNED MED. DIRECTOR STAFF PHYS. 2/4/67 M.D. 22d ADDRESS Harry Horstman NAME (Type) 916 - 19th Street, N.W., Wash, DC 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE THEREOF Removal (Sneuty) Madison Florida Feb.6,1967 Oak Ridge 250. REC'D BY REGISTRAR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON, STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please, remove carban papers. Pages I and PLACE OF DEATH a. COUNTY o. STATE ve carban papers. Pages I event, within 72 hours after MARYLAND 76766 The law requires that the death certificate be executed within 24 hours after CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 16 c CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) 16'50 IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS Eus Mill YES □ NO NAME OF First M ddle Last DATE Day Year DECEASED **OF** 10/E 6 19 (Type or print) DEATH AGE (In years 6. COLOR OR RACE 7. MARRIED DATE/OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED Months birthday) Doys Hours and in any WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Dome 5 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remayal 0 WAS DECEASED EVER IN U.S. ARMED FORCESS INFORMANT Address (Yes, na, or unknown) (If yes give wor or dates of service about burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO far use as the b Health prior tab stating the underlying cause this certificate has been lost. WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? CERTIFICATION 5 20a ACCIDENT WAS UNDERLYING . 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) with the State Dept. 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour o.m. factory, street, affice bldg , etc.) Not While at work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from \$3500 many 19.607 shauld Page 4 may be retained saw the deceased alive an 76 Falleway 1967. and that death accurred at 126/13 M, from causes and an the date stated above. 22g. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 shauld be filed M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d LOCATION (City or Town) 236. BURIAL, CREMATION 23b. DATE THEREOI NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 3-2-67 INCOLN PARK Buria ROCKVILLE MARYLAND 24 FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/66 3015 12TH ST. 1967 JOHN T. RHINES COMPANY

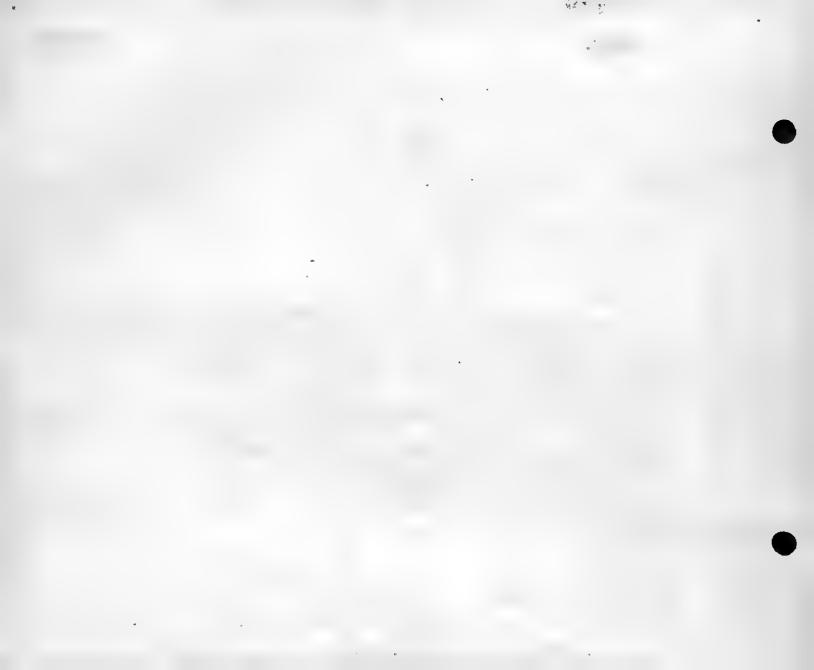


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02318 The law requires that the death certificate be executed within 24 haurs after death filled in by the funeral papers. Pages 1 and 2 thin 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before PLACE OF DEATH b county ontgomery o. STATE Maryland a. COUNTY Montgomery MARYLAND c CITY OR TOWN (If autside comparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Gaithersburg Gaithersburg e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) YES NO 209 Water Street 209 Water Street campletely fi 3 NAME OF Middle Day Year First OF DEATH DECEASED February 14 JAMES WILLIAM COLLING 1967 (Type or pnnt) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 7 MARRIED birthday) Months Davs Hours Sept.21,1896 White WIDOWED DIVORCED Male and in any 12 CIT ZEN OF WHAT IDa, USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) Washington, D.C. Ret. - Gardner USA 14. MOTHER'S MAIDEN NAME James Filliam Collins Mary Whalen Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war or dates of service) Florence ..uth Collins same itam 578-20-7602 ves INTERVAL BETWEEN TB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY signed by the burial-transit p ONSET AND DEATH IMMEDIATE (AUSE (a) Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health prior ta burial, crei DUE TO Canditions if any, which gave nse to immediate cause (a). DUE TO stating the underlying cause 0/ 1 last 19. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) auchits NO Z 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg, etc.) Nat While at work at work 21. 1 certify that (I) (this hospital) attended the deceased fram... 1967, and that death accurred at 155 M, fram causes and an the date stated above saw the deceased alive an_ 220 (SIGNATURE 22b. DATE SIGNED ATTENDING PHYS STAFF PHYS. DIRECTOR 22c. PHYSICIAN'S Gaither burg, 5 Russel Ave. NAME (Type) Schumacher a clc 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23b DATE THEREOF 23a. BURIAL, CREMATION, BRENIOVAL (Specify) 2/17/67 Arlington National Virginia Arlington. 25a. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATUR I-ADDRESS 24. FUNERAL DIRECTOR 13 1 Rock. VR A15 (4) Tyson Whe ler Rockville, haryland 20 M 1/66

and the same in •

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02315 02319 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND remove carbon papers. Pages 1 n apy event, within 72 hours ofter b CITY OR TOWN (If) outside corporaté CENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) write RURAL and and campletely filled in d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) STREET ADDRESS e. IS RES DENCE ON A FARM? rlk NO te YES 3 NAME OF DATÉ First Middle Day DECEASED OF В. DEATH (Type or print) IF UNDER 1 YEAR IF JNOER 24/HRS S SEX AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthdoy) Manths Haurs X WIDOWED DIVORCED and in a 12 CIT ZEN OF WHAT 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working ite, even if refired)
HOUSEWITE COUNTRY? INDUSTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAME ar remayal, TS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANI (Yes, na or whknown) (If yes give war ar dates of service) daughler burial, crematian, INTERVAL RETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for-fa), (b), and (d) signed by the burial-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the Health priar ta WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) REDICAL CERTIFICATION for use YES X NO 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City at tawn) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, affice blda, etc.) Heur a.m. Nat While 19 at wark 1960 , 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from, director, page 3 shauld shauld be filed with the and that death occurred ata M, fram causes and on the date stated above saw the deceased alive on. 22b DATE SIGNED 22a. SIGNATURE ATTENDING PHYS M.D. DIRECTOR PHYS ADDRESS-22c PHYSiCIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL, CREMATION 23b DATE THEREOF (County) Burial (Specify) 2-14-67 Greenwood Church Cem Unger. W. Virginia 2So REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Charles VR A15 (4) 20 M 1/66 ROBERT A. PUMPHREY, Bethesda, Md. DATE





MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
92317 02321

1,		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admi	ission)
	a. COUNTY Montgomery MARYLAND	a. STATE VIEWERXXXXXX b. COUNTY	
	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest	town)
	Bethesaa	Washington, D. C	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 5338 Nebraska Ave. e. Is RESID	ENCE RM7
	Resmor Sanitarium Lane	8785Veh6721Ah6 yes □ N	
3.	NAME DF First Middle OECEASED	Last 4. DATE Month Day Year	
-	(Type or print) Azo Barney	Cott DEATH February 23 1967	
5.	JULY AND THE PARTY OF A PARTY OF	. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IFUNDER 2 FUNDER 1 YEAR IFUNDER 2 IFUNDER 1 YEAR IFUNDER 2 IFUNDER 1 YEAR IFUNDER 2 IFUNDER 1 YEAR IFUNDER 1	Min.
10	a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR ring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
l I	ring most of working life, even if retired) Review Examiner-Frt. Sec. G.A.O.	Missouri U SA	
	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John William Cott	Mary Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT Address			
	yes [1742 ot	tie Cott-5338 Nebraska Ave.N.W.	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWO	/EEN AIH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	OFFRAGE 2 MM	<u>S,</u>
	SUCH DUE TO DO SEASON A	1/2 Nicharda 41 N/00	Ţ.
	conditions, if any, which gave rise to immediate (b)	UNION AISPASS TYPS)ı
	cause (a), stating the DUE TD Panaly dic	1/1/AC	1
1-	underlying cause last. (c)	911473) neev
눼읦	PARTII. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTO	ED?
윤			0 🗍
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO BE CONTRIBUTING COUDR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CON	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
MEDICAL		E OF INJURY (Home, farm, 20f. (City or town) (County) (Start, street, office bldg., etc.)	ite)
	Hour a.m. While Not While of tacto	J, street, discoulder, etc.)	
-	21. I certify that (I) (this hospital) attended the deceased from	0-23, 1953, to 2-23, 1967, that (1) (we) last
	saw the deceased alive on		
	22a. SIGNATURE 22b. DATE SIGNED		
ATTENDING MED. STAFF DIRECTOR PHYS.			
	22c. PHYSICIAN'S E POLITICAL OF MIN	122d. ADDRESS Y NW WASHINGTON M.C.	
1,,	a. BURIAL, CREMATION, 23b. DATE THEREF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or bounty) (Stat	(e)
[23	REMOVAL (Specify)		,
2	4. FUNERAL DIRECTOR THE P. H. HINESADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	2901 14th t. N. W.	DATE FEB 24 1967 Jelianles Judge	E.
	washing tott,	1 DATE	

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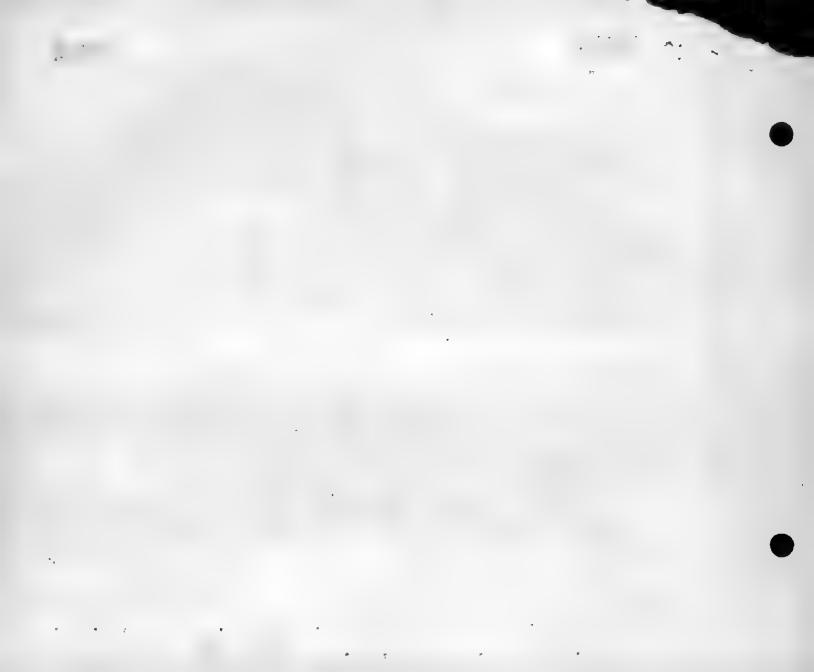
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 haurs after death. deoth funerol 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution o. COUNTY a. STATE **b.** COUNTY ompletely filled in by the fur we corbon papers. Pages 1 event, within 72 hours after MARYLAND INT GOMER c LENGTH OF STAY IN 16 OR TOWN (If outside corporate c CITY OR TOWN (If outside carparate limits, write RORAL and give nearest town) write RURAL and give nearest town) d STREET ADDRESS INSTITUTION (If not in haspital, give street address) e IS RES DENC ON A FARM filled YES NO. ottending physicion and completery in permit. Then please cerbon in removal, affects any event, with NAME OF Middle DATE Doy Year DECEASED OF DEATH (Type or print) 19 S SEX 9 AGE (in years 6 COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR 7 MARRIED **NEVER MARRIED** Months Days Haurs WIDOWED DIVORCED Do USJAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of warking life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the oftending phys burial-transit permit. Then p burial, cremotian, or removal, WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no. of unknown) (1) yes give war at dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) INTERVAL BETWEEN RUPTURED ESOPHHOEML PART 1 DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (0) EXSANGUINATION by the hospital or attending physician DUE TO to dr. if any, which gave rise to immediate cause (a), A-SCIRS DUE TO stating the underlying cause etached for use as the Dept. of Health prior to PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? MALNUTRITION NO this certificote 200 ACC DENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (1F EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL. 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De. PLACE OF INJURY (Home, form (City or fown) (County) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After at wark 36, 19 66, to FEB 20, 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from be retoined 0 1919 67, and that death accurred at 3 124M, from causes and an the date stated obave saw the deceased alive on_ 22a SIGNATURE DIRECTOR director, page should be filed 22d ADDRESS 22c PHYSICIAN'S Poge 4 may NAME (Type) NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b. DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Specify) RIBTAL BLADENSBURG MARYLAND FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

2-23-67

RIBLAT.

FT LINCLON GEMLTERY BLADENSBURG, MARYLAND.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03770 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission a. COUNTY o. STATE **b** COUNTY Montgomery MARYLAND West Virginia b CITY OR TOWN (If outside corporate imits, CLENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 44 Days Elbert Bethesda IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES XX NO (No Street Address The Clinical Center, Bethesda, Md. 20014 3. NAME OF 4 DATE Month Doy DECEASED (Type or print) V 25 IF UNDER 1 YEAR DEATH Ethe! Thelma February Cox 9. AGE (In years IF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthday) Months Doys Hours WIDOWED DIVORCED April 1908 White Female 1Do JSJAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT signed by the ottending physician br burial-transit permit. Then please ke buriol, tremotion, or removol, ond in COUNTRY? during most of working life, even if retired) INDUSTRY West Virginia USA Housewife 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Hayes Rowe Disie Steele 17. INFORMANT The Medical Recorderess 16. SOCIAL SECURITY NO. 15 WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, no, or unknown) (if yes give wor or dates of service Not Available The Clinical Center, Bethesda, Md. 20014 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) 3 ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Bacterial Sepsis IMMEDIATE CAUSE (o) DUE TO 8 days Acute renal failure Conditions, if ony, which gove use to immediate couse (a). DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the 12 months (1) Acute myelogenous leukemia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS ALTOPSY PERFORMED? Chronic cholecystitis with cholelithiasis YES NO be retoined by the hospitol or for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Do. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o.m. Not While 21. I certify that (1) (this hospital) attended the deceased fram 12 January, 19 67, to 25 February 1967, that (1) (we) last director, page 3 should should be filed with the saw the deceosed alive an 25 February 19 67, and that deoth occurred ot 11:00M, from couses ond on the date stated above. 22o. SIONATURE 22b. DATE SIGNED STAFF **ATTENDING** M.D. DIRECTOR PHYS. Clinical Center, National 22c PHYSICIAN'S Leonard H. Brubaker, MD NAME (Type) Institutes of Health, Bethesda, Md 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION etety Bluewell W Va Burlal (Specify) 3-1-67 Woodlawn Mem. Cemetery. 24. FUNERAL DIRECTOR Charley Judge VR A15 (4) 20 M 1/66 PUMPHREY, Bethesda, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02319 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed if institution: Residence before admission) a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR 20WN (If outside corporate limits, write RURAL and give nearest town) write RJRA1 and give negrest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B IS RESIDENCE ON A FARM? d. STREET ADDRESS NAME OF Last 4. DATE Month Doy Year DECEASED OF DEATH COZADO opothy (Type or print) S SEX IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS birthdoy) Dovs WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? NONE -13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remava WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or Aknown) (If yes give war or dates of service) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) al-transit PART I, DEATH WAS CAUSED BY: ONSET AND DEATH MYOCARDIAL FAILUR IMMEDIATE CAUSE (o) DUE TO OCCLUSION WITH MYOUMEDIAL Conditions, if any, which gave (b) rise to immediate couse (o). DUF TO stoting the underlying couse has been detached far use as the te Dept. af Health prior ta ARTERIOSCHEROTIC CARSIOVASCHAR PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? NO 🕖 YES 20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF IN. JRY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (C'ty or town) (County) (Stote) Hour to m. foctory, street, office bldg., etc.) Not While of work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram_ JUNE, 1958, to FEB. 18, 1967, that (1) (we) last 7 1967, and that death accurred at 75 AM, from causes and on the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S 7733 AZISKA O HOSPITAL K. KRICHMAR NAME (Type) JAU/1 WASIANGADA 23b DATE THEREOF 23o. BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) BIREMOVAL (Specify) 2/20/67 Rockville maryland Rockville. **ADDRESS** 2Se REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Funeral Home-1331 Rockville PikeFEB



AND STATE DEPARTMENT OF HEALTH livision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE HEAT THE BEPT. 1. PLACE OF DEATH 8. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY runce I MANUFACE. Department after death. b. CITY DR TOWN (if putside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write KURAL and give nearest tewn) the funera C. LENGTH OF STAY IN 1b Yyattsrille d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? ay 3 to 1 Page State hours a 010 reenvale YES . Home NO S and 3. NAME OF Middia Month DECEASED 196 DEATH (Type or print) 2 with within AGE (In years | IF UNDER 1 YEAR IIF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours DIVORCED [WIDOWEO X l and a 10a. USUAL DCCUPATION (Give kind of work done 10b, KINO OF BUSINESS OR during most of working life, even if retired) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) CDUNTRY? 4.S.A oriclion pages in any FATHER'S NAME MOTHER'S MAIDEN NAME and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SDC JAL SECURITY ND. (Yes, no, or unkown) (If yes give war or dates of service) permit. I removal, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I, CEATH WAS CAUSED BY: burial-transit Pheunism IMMEDIATE CAUSE (a) 4200 DUE TO Malacia Generaliza Conditions, if eny, which (b) gave rise to immediate DUE TO witer & clevis Beneralizad severe cause (a), stating the CQ. underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? Right HUB YES [NO I cactino CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | DE CONTRIBUTING TO 3 should bagent, price 20d. INJURY OCCURRED MEDICAL (County) (State) 20c. TIME OF INJURY Month, Oay, Year 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) the certificate, should be forw factory, street, office bldg., etc.) While Not While at work Kensington - Moni CTOR: Page designated NUrsing Home -21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry , and in my opinion Accident K., Suicide Undetermined manner Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER TUCY 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DI F Health or i for DEPUTY MEDICAL EXAMINER **EXAMINER'S** please ex director. retained Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 1 23b. DATE THEREOF 0 REMOVAL (Specify) Cedar Hill Cemetery Feb 13, 1967 Suitland Pro Geo rid. Buria 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. VR A15ME 3500 4-64





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02326 CERTIFICATE OF DEATH and campletely filled in by the funeral remove carbon papers Pages 1 and 2 nn any event, within 72 hours after death. law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b COUNTY, MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) reator d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) beens 12 YES NO X 3. NAME OF Middle DATE Doy Year DECEASED (Type or print) OF N. 20 19 6 10 1er DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years S SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED 61 pirthday) Haurs Feb. 19,/1906 White DIVORCED lemale WIDOWED 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) Residento Managet Pennsylvania ApthouBuilding 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eva Betham John Singley signed by the attending 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes ng, ar unknown) (If yes give war ar dates of service) Watson R. Edgin Same as #2 256 18 4009 (son) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 2-20-6 Conditions, if any, which gove rise to immediate cause (o), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been far use as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Health CERTIFICATION NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Day, Year Haur a.m. factory, street, office blda., etc.) Nat While While of work 21 I certify that (1) (this haspital) attended the deceased fram 12 1967, and that death accurred at 10 ft M, fram causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURI 22b. DATE SIGNED ATTENDING M.D DIRECTOR PHYS director, page should be filed 22d ADDRESS 22c PHYSICIAN S NAME (Type) 23d. LOCATION (City of Jown) Colmar Manor 23b. DATE THEREOF 2/22/67 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, Ft. Lincoln B BIMOYA (Specify) **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md. VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) filled in by the funeral papers. Pages I and a. COUNTY o. STATE COUNTY an papers. Pages 1 within 72 haurs after opmer MARYLAND b. CITY OR TOWN (If autside carporate limits C LENGTH OF STAY IN 16 autside comparate limits, write RURAL and give negrest town) write RURAL and give nearest fawn) e a d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE d STREET ADDRESS ON A FARM? NO X upd 3 NAME OF Midd e Last 4. DATE Dav Year DECEASED OF DEATH 2 8 --- 19 6 unningham (Type or print) AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF WIRTH lost birthday) Manths Davs WIDOWED DIVORCED director, page 3 shauld be detached far use as the burial-transit permit. Then please remy should be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in an gud 10a USUAL DECUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY physician Own home House WH 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN IT'S ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (Yes, na, or unknown) (If yes give war ar dates of service) 208-05-9074 unningham Nο INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO Canditions, if any, which gave (b) rise to immediate cause (a). DUE TO stoting the underlying cause OCAPCINOMA OF O FUNERAL DIRECTOR: After this certificate has been last. 19.4 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED NO TO YES | 205. DESCRISE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) Hour a.m. factory, street, affice bldg., etc.) Not While 19 at wark 21. I certify that (1) (this hospital) attended the deceased from_____ . 19.6 2that (1) (1982) last 3 shauld and that death occurred at 650M, from causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d ADDRESS & 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAy (Specify) Carrolltown, Penna. Benedict Cemetery 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 DATE



Ttems 18&21 Film 387 4-4-MARYDAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
FOR STATE	02328 MED	OICAL EXAMINER'S	CERTIFICATE OF DEATH	02324				
Page HEALTH DEPT.	PLACE OF DEATH o. COUNTY NONTGOMERY	MARYLAND	o. SMd Mai	d if institution, Residence before admission) Y COUNTY T GOMERY				
PM3.	b CITY OR TOWN (fouts de cardarate limits, witte RURAL and give nearest John) ALOMA NAME OF HOSPITAL OR INSTITUTION (If not in haspital,	D. O. A.	C ETTY OR TOWN (If autside corporate in S. S. d. d. STREET ADDRESS	s, write RURAL and give nearest-town) 5- 6 IS RESIDENCE ON A FARM?				
th If a ges 1, I farm tare Del	WASh. Sport. & Hospi	1/ /	8717 Plymout	ON A FARM? YES NO NO				
24 haurs after death 1f of in Item 18. Give Pages 1, r's Office along with farm ss land 2 with the State Deny event within 72 haurs	3 NAME OF DECEASED (Type or pnnt) S SFX 6 COLOR OF RACE 7 MARRIED	FRANKlin	DATE OF BIRTH 9 AGE	Manth Day Year 1967 (In years Funder 1 Year Funder 24 HRS				
haurs after deat tem 18. Give Pa Office along with and 2 with the St event within 72	WIDOWED 10a USUA, OCCUPAT ON (Give kind of work done 10b h			yrs Months Doys Haurs Min.				
thin 24 hund in the line of th	during most of work on life, even if retired) (NDUSTRY DSUBPICE	Alex. Up.	U.S.H.				
within 24 in pencl in Examiner's Examiner's first ages and first a	Unknown		Unknown	0717 Nt+L C+				
vecuted values in Medical experience of the may are marked or may all the may are may	(Yes no, ar unknown) (If yes give war ar dates af service)	yes M	FORMANT LS MARGARET I	Silver Spring, Md.				
d be exed 'pend' Chief Me rransit po	1B. CAUSE OF DEATH (Enter only one cause per line to PART I DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (o) AC	or (a), (b), and (c).)	nsufficiency	INTERVAL BETWEEN ONSET AND DEATH				
INER: This certificate shauld be executed within 24 haurs be certificate, writing the ward "pending" in pencl in Item 1should be farwarded to the Chief Medical Examiner's Office files. 3 shauld be used as a burial-transit permit file pages land 2 and, priar to burial, cremation, ar remayal, and in any event		pronary artery	heart disease					
his certifiate, writhe farwar	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	IE TERM NAL DISEASE COND T ON GIVEN IN P	ART 1(a) 19 WAS AUTOPSY PREFORMED? YES NO				
短二 으면 1	PRIMARY or CONTRIBUTING CAUSE OF DEATH.		nter nature af injury in Part , ar Part II af i					
TCAL EXAMINER: e execute the certifor. Page 4 should ed for your files. CTOR: Page 3 should signated agent, pri	Haur a.m. 19 While p.m. 19 at wa	e Nat While factor	ry, street, office bldg , etc.)	ar town) (Caunty) (State)				
DEPUTY MEDICAL EXAM tessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page alth or its designated age	21. I certify that I took charge of the red death resulted from: Natural couses [le 🔲, Homicide 🔲, Undefei	the distriction of the district				
JIY MEDICA Iny, please ereral director be retained RAL DIRECTOR	ACTUAL SIGNATURE SIGNATURE	C/ Soup	CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER	22. DATE SIGNED				
o DEPUTY MEDICA necessary, please ex the funeral director. 5 may be retained in 0 FUNERAL DIRECTO Health or its design	EXAMINER'S BELDEN	KEAP M	DEPUTY MEDICAL EXAMINER OF COURT					
10 D nece the 5 m 10 FU Heal	230 BURIA, CREMATION 23b DATE THEREOF - SEMOVAL (Specify) Burnal 7eb 13, 1967	230 NAME OF CEMERRY OR CO Arlington Nat		(City or Town) (Kounty) (State)				
YR A15ME (5) 6M 1/66		Viso & 434 Georgia ilver Spring. M	2So REC'D BY REG STRAR	256 REG STRAPS SIGNATURE JUNGS				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02329 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death deoth physician and completely filled in by the funeral of please remove corbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH o. COUNTY a. STATE b COUNTY MONTGOMERY remove corbon papers. Pages I n any event, within 72 hours after c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) LENGTH OF STAY IN 1b b CITY OR TOWN (If outside corporate SILVER SP d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS B IS RESIDENCE ON A FARM? 10: YES 🖂 No K DATE NAME OF First Middle Month Doy Year DECEASED Marie FEB 19 (Type or print) DEATH 6 IF JNDER 1 YEAR IF JNDER 24 HRS S SEX 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED buthday) Months Days Hours DIVORCED KIND OF BUSINESS OR 12. CITIZEN OF WHAT SUAL OCCUPATION (Give kind of work done 10b 11 BIRTHPLACE (County & Stote, or foreign country) U.S.A. INDUSTRY Washington, D. C. Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alice Bremermann Henry M. 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. No CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). fronii PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO buriol Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has billin os the WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO ō 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year factory, street, office bldg., etc.) While Not While at work 1967, to 1942, that (I) (we) last 1967, and that death occurred at 7 45 cM, from causes and on the dote stoted obove. saw the deceosed alive on_ 220 SHOTATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHI SICIANS NAME (Ture) Raumond director, 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Prince Georges Co incoln Cemetery 2Sb. REGISTRAR'S SIGNATURE 2So. REC D BY REGISTRAR Marel 21

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02330 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) requires that the death certificate be executed within 24 haurs after deat o. COUNTY a. STATE **b.** COUNTY and campletely filled in by the fun remove carbon papers. Pages 1 in any event, within 72 hours after Montgomery Montgomery MARYLAND Maryland b. CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) Takoma Park davs Wheaton d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Washington Sanitarium and Hospital YES NO 12 12309 Centerhill Street NAME OF Middle Last 4 DATE Day Уеаг DECEASED OF DEATH event, (Type or pnnt) James Thomas February S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED last birthday) Manths Days Haurs WIDOWED DIVORCED White Male 1010 10a USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) ease during most of working life, even if retired) INDUSTRY COUNTRY? attending physician sermit Then please Equipment Installer Marx Jars & Washington Western Electric 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remayal, Mary Matthews William Dean 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (I yes give war of dates of service Centerhi signed by the a burial-transit per INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by the hospital ar attending physician. DUE TO Conditions, if ony, which gove nse to immediate cause (a), **DUE TO** stating the underlying couse be detached far use as the State Dept. af Health priar to has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES Z NO 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 100 (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form (City or town) (State) 20c. TIME OF INJURY Manth, Doy, Year (County) O FUNERAL DIRECTOR: After this Hour am factory, street, affice bldg., etc.) Not While at work ATTENDING at work 19 Tel - 19 (+ 10 10 10 21. I certify that (1) (this haspital) attended the deceased from " tu . 19 - 2. that (1) (we) last Page 4 may be retained director, page 3 should should be filed with the 19 6), and that death occurred of 11, 50 PM, from causes and on the date stated above saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 1,0% 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Gate of Heaven Cemetery ilver Spring Marylaid 256 REGISTRARS SIGNATURE 250 RECD BY REGISTRAR 24. FUNERAL DIRECTOR Avenue 25M 1/67



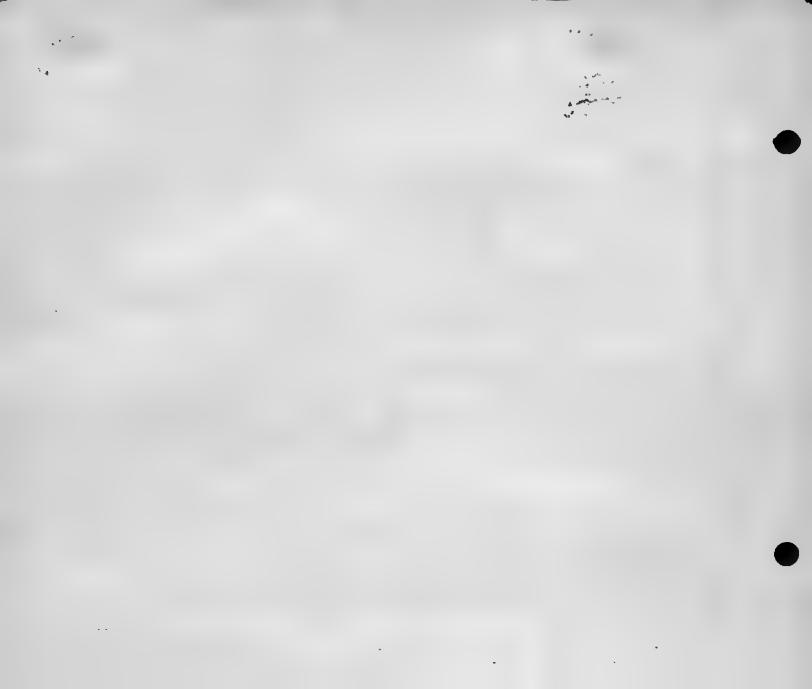
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02331 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. the funeral PLACE OF OFATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o STATE **b** COUNTY hours after ENGTH OF STAY IN 16 c CITY OR TOWN (If guiside corporate limits, write RMRAL and give nearest town) b CITY OR TOWN (f outside comparate limits. filled in t IS RESIDENCE ON A FARM? gse remove carbon papers. nd in any event, within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS NO D YES campletely fi DATE 3. NAME OF Middle Year OECEASED (Type or print) **OFATH** 19 F UNDER 1 YEAR IF UNDER 24 HRS S SEX AGE (in years 6 COLOR OR RACE X NEVER MARRIED DATE OF BIRTH MARRIED lost birthday) Months Dovs WIDOWED DIVORCED 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS, OR BIRTHPLACE (County & State or foreign country) during most of working life, ever if retired) COUNTRY? MNDUSTRY 3 FATHER'S NAME MOTHER'S MAIDEN NAM burial, cremation, ar rem INFORMÁNI Address WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service) INTERVAL BETWEEN ONSET AND DEATH CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: burial-transit Intrapulmonary hemorrhage with as obvein days IMMEDIATE CAUSE (o) signed by OUE TO months Fulmonary hypertension Conditions, if ony, which gove (b) rise to immediate couse (o). **OUE TO** storing the underlying couse Advanced Chronic Rheumatic Heart Disease directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 10 FUNERAL DIRECTOR; After this certificate has been 30 yrs (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES TO NO Guillain-Barre Syndrome -- water 205. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) Hour om. Not While foctory, street, office bldg., etc.) 21. I certify that (1) (this haspital attended the deceased fram a caber and that death accurred at. M, from causes and an the date stated above saw the deceased alive an 22b. OATE SIGNED 220 SIGNATURE ATTENDING DIRECTOR 22d ADDRESS Washington. 22c. PHYSICIAN'S NAME (TYPE Dr. J. Blaine Pitzgerald 8218 Wisconsin Ave. 230 BURIAL, CREMATION. 23b OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) -Burial (Specify) Cometery Suitland, 2-9-1967 Cedar Hill Md 24 FUNERAL DIRECTOR GAWLER'S Sons SUGNATURE 2Sb REGISTRAR 25o. REC'O BY REGISTRAR **ADORESS** Inc



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02332 CERTIFICATE OF DEATH ely filled in by the funeral ban papers. Pages I and 2 within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) 1 PLACE OF DEATH o. STATE b. COUNTY o. COUNTY MARYLAND mithin 21 hours after c. VENGTH OF STAY IN 16 c CITY OR TOWN fit outside corporate limits, write RURAL and give negrest town) d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSP TALOR INSTITUTION (If not in hospital, give street address) completely filled in T NO F 3 NAME OF corban Middle DATE OF DEATH DECEASED (Type or print) law requires that the death certificate be executed IF UNDER YEAR IF UNDER 24 HRS AGE (In years COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH (hdoy) hdoy hdoy WIDOWED DIVORCED attending physician una burial, crematian, ar removal, and in a KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100-US_ALOGCUPATION (Give kind of work done 10b ing most of working life, even if retired COUNTRY? 18 FANHER'S NAME MOTHER SIMAIDEN NAMI Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (If yes give war or dates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Peritonitis, generalized, mumlent days IMMEDIATE CAUSE (o) Ferforated duodenal ulcer 12 days Conditions, if any, which gave rise to immediate couse (a) DUF TO stoting the underlying couse be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been shauld be detached for use as the with the State Dept. of Health priarta PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES X NO [Purulent tracheo-bronchitis with bronchopneumonia 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. 20c TIME OF INJURY Month, Day, Year Hour om. factory, street, office bldg , etc.) Not While 21 I certify that (1) (this haspital) attended the deceased fram_________ 1967, that (I) (we) last AM, fram causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING 2-9-67 Luwma 18 M.D DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Linwood H. Johnson, Jr 4405 East West Hitway Bethesda 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City of Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF **REMOVAL** (Specify 2Sb. REBISTRAR'S SIGNATURE 250. REC D'BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) . COUNTY **b. COUNTY** by the and 2: death. MARYLAND Maruland Montgomery b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) within 24 write RURAL and give neerest town) .≘∵ Silver Spring 40 years Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? 830 Gist Avenue 830 Gist Avenue letely YES NO Z 3. NAME OF First DATE Middle Month Yeer DECEASED OF (Type or print) DEATH 196 with 6. COLOR OR RACE 5. SEX DATE OF BIRTH IF UNDER 24 HRS AGE (In years | IF UNDER 1 YEAR pue . 7. MARRIED NEVER MARRIED last buthday) Months Hours WIDOWED X DIVORCED remove eve 10a. USUAL OCCUPATION (Give kind of work IDS. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Jurniture Dept Virginia Jalesman Unodward Pathrun please and in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending Silas Wright Deeble Anne Macanally Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? removal, 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yes, no, or unkown) (Hyesgive war or detes of service) Leanor Deeble Spring, Maryland 18. CAUSE OF DEATH [Enter only one causa per line ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), slating the underlying 0 couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY use as CERTIFICATION PERFORMED? prior YES N₀ for 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Perty or Pert II of Item 18.) After this OR CONTRIBUTING [] CALSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) {County} (State) ò factory, street, office bidg., etc.] Hour am. While Not While DIRECTOR: et work at work p.m. 8 LQ_{ij} 196 Z that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from..... should State M, from the causes and on the date stated above. saw/the deceased alive on... ...19.6 .Z., and that death occurred all SIGNATURE 22b. DATE ATTENDING SIGNED STAFF PUNERAL DIRECTOR PHYS. PHYS. 22c. 22d. ADDRESS filed v 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele) S FO REMOVAL Prince Georges 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Charles Judge 20M 5-63



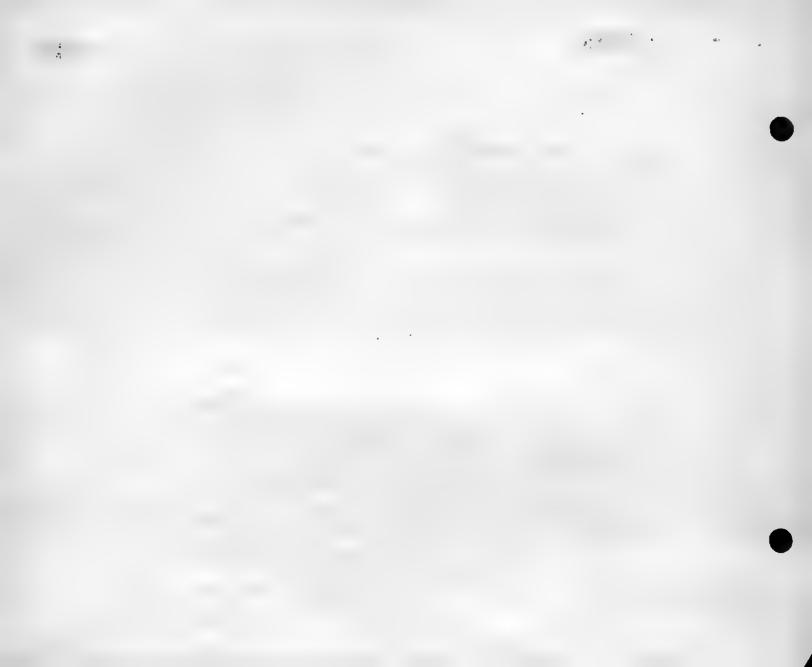
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02354 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) and campletely filled in by the funeral remaye carban papers Pages 1 and PLACE OF DEATH O. COUNTY MON 7 BOM ERY o STATE b. COUNTY MORN papers Pages I MARYLAND b. CITY OR TOWN (If outside corporate I mits, IL LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town Since Sept 7. write-RLRAL and give nearest town) SILVER d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS MELBOURNE Holy Cross Hospital within YES NO F 3 NAME OF Lost DATE Month Doy Year DECEASED OF DEATH Delaneu CLARO 2 (Type or print) 19 S SEX MEVER MARRIED DATE OF BIRTH AGE (in years lost burthday) Months Doys Hours March 14. 1878 WIDOWED DIVORCED Do. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote or foreign country) 12 CITIZEN OF WHAT COUNTRYSA during most of working life, even if retired) INDUSTRY Chicago, Illinois Housewite Own home 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME emava by the attending pu Elizabeth Reis Nicholas Sauer WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Melbourne Avenue (Yes, no, or unknown) (If yes a ve wor or dotes of service 50 16-46-8867 crematian, 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit **ONSET AND DEATH** IMMEDIATE CAUSE (o) 155.0 DUE TO signed burial, a Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO far use as the t f Health priar ta b stating the underlying couse Page 4 may be retained by the hospital ar attending this certificate has been lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO 200 ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form (City or town) (Stote) (County) Hour om foctory, street, office bldg, etc.) Not While be 1958, 10 FUR 21. I certify that (1) (this hospital) attended the deceased from director, page 3 shauld shauld be filed with the ond that death occurred at M. from causes and on the date stated above. 19 % TO FUNERAL DIRECTOR: saw the deceased alive on 220. SIGNATURE DATE SIGNED ATTENDING M.D. DIRECTOR ADDRESS 22c. PHYSICIANS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b. DATE THEREOI 23d LOCATION (City or Town) (County) (Stote) Burial (Specify) Gate Heaven Cemeteru 25o. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) DATE



	1	I	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
1	- 23		02335			CERTIFICA	TE O	F DEATH			0233	
	death and death	1	PLACE OF DEATH	tgomery		MARYLAND		usual residence (V		lived, if instituti b. COUN		
	cecuted within 24 hours after death campletely filled in by the funeral lave carbon papers. Pages I and y event, within 72 hours after death		b CITY OR TOWN (If outside carporate I mit d give nearest town)	\$,	1 month		IIY OR TOWN (If ou Silver			RAL and give neo	rest town)
	in l in l ers. 2 ho			AL OR INSTITUTION (If n			d t	STREET ADDRESS			"	e IS RESIDENCE ON A FARM?
			Unive	rsity Nurs:				9705 Nassau Iane				YES NO X
	withi rely fi reban t, with		NAME OF DECEASED (Type or pant)	Eugene	rst B	Middle Pascal	De	Vouges	4. DATE OF DEATH	Pebzna		7 19 67
	cuted ample ave co		Male Male	6 COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED	8. DA	TE OF BIRTH 7-2-1886	9.	AGE (n years last birthday)	Manths Day	R IF UNDER 24 HRS.
	requires that the death certificate be executed within g physician. I signed by the attending physician and completely filler burial-transit permit their please remave carbon po a burial, crematian, ar removal, and in any event, within	đų		I (Give kind af wark dane	10b. KI	ND OF BUSINESS OR DUSTRY	11.	BIRTHPLACE (County)	& State, or forei	gn country)	12 CITIZEN COUNTR	OF WHAT
	oppletion of the color of the c	13	FATHER'S NAME Alphor	nse De Voug	es		14	MOTHER'S MAIDEN N	iame sa O'F	arrell		
	attending permit Th	15 (Y)	WAS DECEASED EVE	R IN U.S ARMED FORCES? (If yes give war or dotes	of conuce 16	SOCIAL SECURITY NO	7 INFOR	MANT		Addre		,S.S.,Md.
	that the d an. by the att transit pen crematian,		18. CAUSE OF DI PART I DEAT	EATH (Enter only one col th was caused by Immediate cause	use per line far		Vas	ada a	celu	1-		INTERVAL BETWEEN ONSET AND DEATH
	physician physician signed by the burial-transit burial, cremati		Conditions, if any, rise to immediat	e cause (a), ((b)	Cerebral	a	Uteun	leun'		4	lukum
	e law re tending is been as the priar ta		stating the under	rlying couse	(c)							
	The atternation has has	MOIL	PART II OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TE	RMINAL DISEASE CON	DITION GIVEN	IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO
		CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCUR	ED. (Enter	nature of injury in I	Part I or Part I	l of item 18.)		
	PH' this this effect of the policy of the po	MEDICAL	-	URY Manth, Day, Year n.	20d II While at wark	Not While	PLACE OF factory, st	INJURY (Home, farm reet, affice bldg , etc.)	, 20f.	(City or tawn)	(County)	(State)
	₽ - < - 0		21. I certi		spital) atten	ded the deceased fron	that dec		9 65, to.		, 19 <u>6</u> -), and on the d	that (I) (we) last late stated above.
	_ = 3 ≥		22a. SIGNATURE		She	cn L	,		MED. DIRECTOR	STAFF E	226. DATE SI Jeb. 1	IGNED
	0;	/	22c. PHYSICIAN'S NAME (Type		arpe.M.	8.		22d. ADDRESS		Whea		,
	TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil	23	BURIAL, CREMATIC REMOVAL (Specify	ON, 236 DATE TH		23c. NAME OF CEMETERY Cedar Hil		ATORY	23d. LOC/	ITION (City or To		nty) (State) Md_
		02	SUPLAL DIRECTO	2/20/		ADDRESS S	Md	25o. REC'D	BY REGISTRA	R 25b. RE	GISTRAR S SIGNA	TURE
	VR A15 (4)	161	24.00		40 811	1311 Gannaia A	120	DATE CO	1099	1007 '	militages	7 1.00g m.



Division of STATISTICA	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
02336	CERTIFICATE			02332			
1. PLACE OF DEATH d. COUNTY Montgome/	€ _/ MARYLAND	2. USUAL RESIDENCE (Where deep o STATE MARY 191	vd 6 COUNTY	PINER Groses			
b. (IfY DR TOWN (If outside Corporate Hinits, write RURAL and give nearest town)	2/12. 23 aug	COLLA TOWN (If Butside com					
d NAME OF HOSPITAL OR INSTITUTION (If not in)	hospital, give street oddress)	d. STREET/ADDRESS 2211 UNIVER	esity Blud.	e IS RESIDENCE ON A FARM? YES NO 🔀			
3. NAME OF First DECEASED (Type or print)	Middle . L	Pietto 4 DAY	ATH FEbrus	Doy Year by 16 1967			
male white w		2/16/67	lost birthdoy) Month's yrs.	2 23			
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b KIND OF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County & State, o	PRY (AND	COUNTRY?			
13 FATHER'S NAME FRANK DI 15 WAS DECEASED FYER IN L.S. ARMED FORCES?	PIETRO 16 SOCIAL SECURITY NO. 17	14. MOTHER'S MAIDEN NAME A PICIA NFORMANT	Me Coy	10. 12.4			
(Yes, no, or unknown) (If yes give wor or dotes of sen	vice)	Frank Difirthe	Myattsu	ille ma			
18. CAUSE OF DEATH (Enter on y one (gusa per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	er line for (o), (b), and (c)		,	ONSET AND DEATH			
Conditions, if any, which gave (b)	Premate	rity		Imm			
lost. (c)	Neonatal	Cata (oct	277	110 WAS AT TORCY			
PART II. OTHER SIGNIFICANT CONDITIONS CONTR 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUT				19 WAS AUTOPSY PERFORMED? YES NO			
	20b. DESCRIBE HOW INJURY OCCURRED.						
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19	While Not While foct	ory, street, office bldg., etc.)	1	County) (State)			
21. I certify that (I) (this haspita saw the deceased alive an	1) attended the deceased fram 19 127, and that	t death accurred at 322	∠M, fram causes and an				
OR CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 19 21. I certify that (I) (this haspital saw the deceased alive an	FShapus MI		- STAFF	DATE SIGNED /67			
	hapiro U	22d. ADDRESS					
230 BURAL CREMATION, 23b DATE THEREO 2/21/67	Ga e of Hea	ven Cem.	LOCATION (City or Town)				
Tyson Wheeler Roc	Rockviadors Fike kville, Maryland	2So. RECD BY RECD BY RECD DATE	3 1967 STRAR 2Sb REGISTRAR	Leg Junge.			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 item #2a,b,c & d RTIFICATE DEATH 57 OF 02337 he law requires that the death certificate be executed within 24 haurs after death. deoth and campletely filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Reside) e COUNTY o STATE Montgomer; ONIGOMERI MARY! AND C TENGTH OF STAY IN 16 c CITY OR TOWN gutside corporate limits, write RURAL and give nearest tawn (If autside carparate lim write RURAL and give neorest tayon Washington. IngTon ve carban papers. event, within 72 ho d NAME OF HOSP TAL OR INSTACTION (If not in hospital, give freet address d STREET ADDRESS Home -errd cons NAME OF DECEASED Lost DATE Month Doy Year OF ·JOUGLOS 196 (Type or print) DEATH SEX DATE OF BIRTH AGE 6 COLOR OR RACE 7. MARRIED In years NEVER MARR E last b rthday) Manths Days Hours X WIDOWED DIVORCED and In any 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) At Home during most of working the even if retired) COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME the attending physical sit permit Then of crematian, ar remayal, (Unknown) 17. INFORMANT 15. WAS DECEASED EVER IN L S ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) permit Nursing Home Records INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line fac.(a), (b), and (c) burnal-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the hospital or attending physician. DUE TO burial, Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been detached far use as the te Dept. of Health priar ta last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION YES NO 20a ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (County) (State) Not While factory, street, office bldg., etc.) While 19 at wark at wark 21. I certify that (I) (this haspital) attended the degreesed from should director, page 3 should should be filed with the and that death occurred a A M, from causes and on the date stated above. saw the deceased alive on A 22b DATE SIGNED 220, SIGNATURE ATTENDING PHYS STAFF MED DIRECTOR PHYS Spring 22d, ADDRESS Silver 22c PHYSICIAN S NAME (Type) George Sengstack 9247 Maryland 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a BURIAL, CREMATION, Burial Washington 2So. REC'D BY REGISTRAR Sons, 5130 Wis. A Washington, DATEMAR VR A15 (4) 20 M 1/66 196



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Montgomery Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b filled in by papers. Page in 72 hours a write RURAL and give nearest town) Bethesda 37 Davs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? within The Clinical Center, Bethesda, Md. 20014 707 Beaverbrook Road No X YES within carbon 3. NAME OF Middle DATE Last Month Day Year DECEASED Gerald James Dovle (Type or print) DEATH February 19 67 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED DATE OF BIRTH remove AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Male White 21 May 1914 WIOOWEO [DIVORCEO [52 yrs. 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ease during most of working life, even if retired) COUNTRY? INCUSTRY been signed by the attending physicists the burial transit permit. Then pleaser to burial, cremation, or removal, and Zoning Examiner Municipal Government Marvland USA certificates 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John J. Doyle Julia M. Fitzgerald 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT The Medical Records, The Clinical 16. SOCIAL SECURITY NO. death (Yes, no, or unkown) (If yes give war or dates of service) Center, Bethesda, Maryland 2001& 218-26-1845 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Pneumonia 10 days 2071 Chronic Myelogenous Leukemia 40 months Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. SE PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMEO? PHYSICIAN: The the hospital or YES X NO T Severe coronary atherosclerosis 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 1) of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id by While Not While at work 21. Lecrify that 30 (this hoppital) attended the deceased from 5 January, 19 67, to 11 February 67, that (1) (we) last DIRECTOR: A sage 3 should led with the saw the deceased alive on 12 February 1967, and that death occurred at 5:15M, from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED 1967 page filed ATTENOING STAFF PHYS. 11 February X7 **OIRECTOR** HOSPITAL director, pa PHYSICIAN'S Clinical Center, National NAME (Type) David Goldman. MD of Health, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Baltimore New Cathedral Burial REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL CIRECTOR & Sons Co. H.W. Jenkins VR A15 (4) 20M 1/65



1				MARYLAND STATE RCH AND RECORDS,				LAND 21201	
68.	02339			CERTIFICA	ATE (OF DEATH		023	335
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral field should be detached for use as the burial-transit permit. The please remove carbon papers. Pages I and advith the State Dept. af Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death	i. PLACE OF DEATH o. COUNTY Montg	omery outside corporate limits, give nearest town)		MARYLAND		o. STATE Virgin CITY OR TOWN (If outsi	de corporate limits, write R	Hairfa:	×
haun in by rrs. P	A NAME OF HOSPITA	L OR INSTITUTION (If not i	in hospital a	17 Days		Springfiel	u 22150		e IS RES DENCE ON A FARM?
24 ed in				da, Md. 2001		6928 Ruski			ON A FARM?
ecuted within 24 campletely filled asse carban pape y event, within 77.	3 NAME OF DECEASED (Type or print)	First Mick		Middle James			. DATE Mo	bruary	Doy Year 3 19 67
executed I cample mave co	s sex Male	White		NEVER MARRIED X DIVORCED	25	January 19	9 AGE (In years last birthday) 13 yrs.	Months De	AR IF JNOER 24 HRS bys Hours Min.
ate be exician and lease rem	during most st working i	(Give kind of work done ife, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County & S Virgini 4 MOTHER S MAIDEN NAI	a (Lynchbi	. COUNT	N OF WHAT TRY? SA
₩	13. FATHER'S NAME	Walten T Du			'				
ja Jan	IS WAS DECEASED EVER	Walter J. Du	inaway		17 INF		ine J. Saund ical Record®		
eath endii nit. ar re	(Yes, no or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of s	ervice)				nter, Bethes		Mazzrland
nat the d 1. y the att Insit pen ematian,	18 CAUSE OF DE	ATH (Enter only one couse H WAS CAUSED BY- IMMEDIATE CAUSE (c)	per line for					243	NTERVAL BETWEEN DAYS
es the sicial sicial side of the side of t		DUE TO	Dance	mahiaatamin		Tomobmol od			24 Hours 3 Years
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifications by the hospital or attending physician. Fuge 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached far use as the burial-transit permit. They also also the biled with the State Dept. af Health prior ta burial, crematian, ar remaval,	Conditions, if ony, rise to immediate stating the under last	e couse (o),)	nchiectasis tic Fibrosis			ainer		13 Years
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rate Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health prior ta	PART II OTHER SIG	SNIFICANT CONDITIONS CON	TRIBUTING T	O DEATH BUT NOT RELATED	TO THE	TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(0)		19 WAS AUTOPSY PERFORMED? YES (A) NO
SICIAN Sepital of Sertificat ned far t. af Hee	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJU	CT CAUSE OF DEATH MEDICAL EXAMINER)	20b DE:	SCRIBE HOW INJURY OCCUR					
OR ATTENDING PHYSICIAN be retained by the hospital DIRECTOR: After this certificage 3 should be detached failed with the State Dept. af He	pm	RY Month, Doy, Year 1. 19	While of work	Not While	foctory	OF INJURY (Home, form, , street, office bldg., etc.)	20f (City or town)	(County	, , , ,
TENDIN ined by OR: Afth	21. I certif	y that (X) (this haspi ceased alive on 3	tal) attend Febru	ded the deceased fran ary 19 <u>67</u> , and	n_17 that d	January , 19 Jeath accurred at 5	67, to Febru 30PM, from causes	ary, 1967 and on the	, that (t) (we) last date stoted above.
OR A1 be reto DIRECT Be 3 sh led with	22o. SIGNATURE	Deviges 9	Peter		M.D.	ATTENDING MPHYS DI	ED STAFF RECTOR PHYS Clinical Ce	x 4 Febr	ruary 1967
ro Hospital Page 4 may 1 To Funeral p director, pag shauld be file		Georges Pet		D. 23c. NAME OF CEMETERY	00.00	Institutes	of Health,	Bethesd	
O HOO Page O FUN direct shaul	230. BURIAL, CREMATIO REMOVAL (Specify)								. ,
VR A15 (4) 20 M 1/66	24 FONERAL DIRECTOR		ne	Talling nderson Fu	ner	TILL OF		REGISTRAR'S SIGN	Las Judge
							-	#	11 - 17



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02340 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death arbon popers Pages I ond I filled in by the funeral popers Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b COUNTY MARYLAND b CITY OR TOWN (If outside apporate limits c. LENGTH OF STAY IN 16 CITY OR TOWN corporate limits, write RURAL and give aggrest town) d NAME OF HOSPITAL OR NST TUTION (If not in hospitol give street address) d. STREET ADDRESS ON A FARM? YES 1 NO P 3. NAME OF Middle . Last DATE Day Year DECEASED OF (Type or print) DEATH S SEX IF UNDER 24 HRS. DATE OF BIRTH AGE { n years IF UNDER 6 COLOR OR RACE 7 MARRIED NEVER MAKRIED hirthday)... Manths Days Haurs WIDOWED DIVORCED Eurial, cremation, or removal, and in day ang 105 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10g USBAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) physicion o during posty warking life every fretired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no.-es ank nawn) (If yes give war ar dates of service) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH -tronsit PART I, DEATH WAS CAUSED BY signed by IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. DUE TO burial Conditions, if any, which gave 16 7 100 rise to immediate cause (a), DUE TO stating the underlying cause director, page 3 shauld be detached far use as the should lie filed with the State Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 2 YES 🗍 NO K 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or Jawn) (County) (State) Haur a.m. factory, street, office bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased fram 1960 . 19 7 free ., 19 6 7, that (1) (we) last to 24 Jan 19 67, and that death occurred at 9 PM, fram causes and on the date stated above. saw the deceased alive on. 22g SIGNATURI 22b. DATE SIGNED ATTENDING PHYS. STAFF M D DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S John Wyman Norfolk Ave. Bethesda. Ld NAME (Type) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMAT ON LOCATION (City or Jown) REMOVAL (Specify) emahor 24 FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02341 death requires that the death certificate be executed within 24 haurs after death physicial and completely filled in by the funeral en please remaye carbon papers. Pages 1 and oval, and in any event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH P COMMIA a. COUNTY Montgomeru MARYLAND Montaomeru c LENGTH OF STAY IN 36 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Silver Spring uears IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 12621 New Hampshire Avenue 12621 New Hampshire Avenue YES NO 🔀 3 NAME OF Middle 4 DATE Month Увог First Last Doy DECEASED Albert Rurton Dustin 196 (Type or print) DEATH AGE (In years IF UNDER 24 HR 5 SEX 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED birthdoy) Months Days Hours malo white March 27, 1890 WIDOWED DIVORCED 10a USUA, OCCUPATION (Give kind at work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT DINDUSTRY during most of working te, even if retired) Ketired (arpenter COUNTRY? Montgomery County. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Clinton Dustin Virginia Burton 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, ng, prunknown) (If yes give wor or dates at service New Hampshire 577-03-8891 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) ONSET AND DEATH burnal-transit PART I. OEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gave nse ta immediate cause (o), DUE TO stating the underlying couse as the has been last WAS AUTOPSY PERFORMED? IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(a) NO O FUNERAL DIRECTOR: After this certificate 卓 20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II af item 18) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State) TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Haur a.m. Nat While at work 21. I certify that this haspital) attended the deceased from 1000/8 1965 to 706 19.53, thot (I) (we) last 19 67, and that death occurred of Q 30 M, from causes and on the date stated obove saw the deceased alive on. 22b. DATE SIGNED SPENATUR STAFF PHYS. DIRECTOR M.D PHYS 22d. ADDRESS PHYSICIAN'S directar, po shavid be f NAME (Type) John R. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) (State) 23b DATE THEREOF (County) 23g. BURIAL CREMATION. REMOVAL (Specify) Lincoln Cemeteru rince Georges 2Sb. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR **FUNERAL DIRECTOR** Georgia Ave. VR A15 (4)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH and 2 death hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Virginia ges 1 after Montgomery MARYLAND papers. Pages hin 72 hours afte b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Š write RURAL and give nearest town) 256 Davs Norfolk Bethesda Ξ B. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS event, within 72 ON A FARM? 1110 Bolling Avenue The Clinical Center, Bethesda, Md. 20014 YES NO.K within etely completely we carbon NAME OF Year Middle Last 4. DATE Month Day DECEASED 1967 (Type or print) Dave Warren Edwards DEATH February 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years LIFUNGER 1 YEAR HE UNDER 24 HRS 5. SEX NEVER MARRIED last birthday) Months I Days Hours and In any WIDOWED DIVORCEO [7] 30 May 1954 12 Male 10a, USUAL OCCUPATION (Cive kind of work done I 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician n please r during most of working life, even if retired) COUNTRY? certificate.he INOUSTRY and Virginia Student USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending t Billie Warren Edwards Jav Nash 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT The Medical Records 6 permit. (Yes, no, or unkown) (If yes give war or dates of service) The Clinical Center, Bethesda, Maryland cremation, INTERVAL BETWEEN beem signed by the the burial-transit plant to barrial, cremating 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Myelocytic Leukemia IMMEDIATE CAUSE (a) organisms DUE TO Perirectal abscesses, multiple (gram negative 40 days Conditions, If any, which (b) gave rise to immediate as the **DUE TO** cause (a), stating the underlying cause last. has CERTIFICATION WAS AUTOPSY PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMEO? certificate YES XX NO F 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a, ACCIDENT WAS UNDERLYING [hed f t. ■f OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) on: After this c should be defa-MEDICAL (State) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work m.c retained 21. I certify that (I) (this hospital) attended the deceased from 11. June from 11 June ____, 19 66, to 22 Feb. ___, 19 67, that (X (we) last and that death occurred at 2:30M, from the causes and on the date stated above. 66 Feb. 19 67, that (1) (we) last OIRECTOR: Jage 3 should lied with the 1967 saw the deceased alive on 22 February 22a. SIGNATURE 22b. DATE SIGNED 1967 S a filed ATTENDING STAFF PHYS. 23 February DIRECTOR M.D. HOSPITAL FUNERAL ADDRESS Clinical Center, National PHYSICIAN'S The director, p shimid be NAME (TYDE) Myron . Levin Institutes of Health, Bethesda, Md. 23d. LOCATION (City, town or county) 23ь. BURIAL, CREMATION. 9 REMOVAL (Specify) Norfolk, Va. Hemoval BUNERAL DIRECTOR OS eph a.W. 1967 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADORESS Sons VR A15 (4) nsh Wisc. 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02343 CERTIFICATE OF DEATH S TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages I and burial, cremation, ar removal, and in any event, within 72 hours affer degat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a county framery b. COUNTY MARYLAND RINCE b CITY DR TOWN (If autside corporate limits, write RURAL and give neares) Jown) c LENGTH OF STAY IN 1h c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) ARK -ama ewisda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS a IS RESIDENCE ON A FARM? YES NO I NAME OF 4. DATE Last Manth Day Year DECEASED OF (Type or print) 1967 25 DEATH SEX 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. **NEVER MARRIED** AGE (In years lost birthday) Months Days Haurs CAMO WIDOWED DIVORCED 100 USUAL OCCJPATION (Give kind of work dane KIND OF BUSINESS OR 10b 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT Bindery Wooker COUNTRY? L.S. IRGINIA 13. FATHER'S NAME 14. MDTHERS MAIDEN NAME SMENT RANKLIN ww WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknown) ((If yes give wor ar dotes of service 223-10-0611 18. CAUSE OF DEATH (Enter only one couse per June for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' attending physician. DUE TO Cand tions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION Page 4 may be retained by the haspital ar NO 20o ACCIDENT WAS UNDERLYING [1] 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MED CAL 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE DF INJURY (Hame, form, 20f. (City or town) (County) (State) Hour o.m. Not While foctory, street, office bldg, etc.) 19 ot work ot work 21. I certify that (I) (this hospital) attended the deceased from 19 6 (that (I) (we) lost saw the deceased alive an 19 (0 and that death occurred at My M, fram couses and an the date stoted above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS M.D. PHYS DIRECTOR 22c PHYSICIÁN S 22d, ADDRESS NAME (Type) 9 230 BURIAL, CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) B PEMOVAT (Specify) 2/28/67 Ft. Lincoln Colmar Manor P.G. Md. 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Francis Gasch's Sons Hyattsville, Md. **FEB 28** 1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02340 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY Montgement 2 with the State Deportment of b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (il autside carparate limits, write RURAL and give nearest tawn) d NAME OF HOSP TAL OR INSTITUTION (if not in haspital, give street address) the cert ficote, writing the ward "pending" in pencil in Item 18 Giv Poge 1, 4 shauld be forwarded to the Chief Medical Exominer's Office olong with form 90 more NAME OF DECEASED Feb Edwards 19 G DEATH IF UNDER 1 YEAR 9 AGF (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Manths WIDOWED DIVORCED 100 USUAL OCCUPAT ON (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? RHODE ISLAND USA 13. FATHER'S NAME Joseph T. EDWARDS 14. MOTHER'S MAIDEN NAME Norian Shernaz IS WAS DECEASED EVER IN U.S. ARMED FORCES? 6 SOCIAL SECURITY NO 17 INFORMANT (Yes, na, or unknown) (If yes give war ar dates of service) 037-26-5735 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN Gun Shot Wornd of. DUE TO Canditions, if any, which gave nse to immediate cause (a). DUE TO stating the underlying couse or removal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS A JTOPSY PERFORMED? NO X 20a EXTERNAL CAUSE WAS PRIMAR OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of item 1B.) Shot. Self with Pistol-in Head -20c TIME OF NJURY Manth Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) factory, street, allice bldg., etc.) While at work at work Fort-Spmner- Mest: Inspect an 🔀 2). I certify that I tack charge of the remains described above, held an Autopsy Inquiry 54, and in my opinion Health prior to buriol, Notural causes . Academt . Suicide N. Hamicide Undetermined manner death resulted fram: the funeral director CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 23a BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Lown) (State) 24. FUNERAL DIRECTOR **ADDRESS** 25b. REGISTRAR'S S GNATURE VR A15ME (5) 6M 1/67 SPOUSE: Joyge Edwards, 407 Prospect St., Woonsocket, RI

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND The law requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (If autside carparate limits. C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits write RURAL and give nearest town write RURAL and give negrest town) d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) within 72 F filled i CHECKO YES NO F 12 Kalrig 7 NAME OF DATE Menth Year campletely DECEASED COGENBERGER event, 19 (Type or print) DEATH that all not NEVER MARRIED B DATE OF BIRTH IF UNDER 1 YEAR SEX 6 COLOR OR RACE 7 MARRIED AGE (In years IF UNDER 24 HRS lost birthdoy) Months Dovs Hours WIDOWED DIVORCED and in any puo 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) physician a ien please INDUSTRY COUNTRY? Odell. Illinois S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Gallus Eggenberger Agatha Hilti the attending passit permit. The Neice 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT ASame as Item 2. (Yes, na, or unknawn) (If yes give war or dates at service) Unknown Mrs. Werner P. Meyer crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) NO T 2Do ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF INJURY Month, Doy, Year (County) Hour am. foctory, street, office bldg., etc.) Not While at wark 2). I certify that (I) (this hospital) attended the deceased from 1960 to2 19 67 that (1) (we) las be retained 1965, and that death occurred at 0130AM, from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an. 22n. SIGNATURE 22b DATE SIGNED **ATTENDING** STAFF PHYS. directar, page 3 shauld be filed v M.D 615 W. Montgomery 22c. PHYSICIAN'S O HOSPITAL S. NAME (Type) Murphy Rockville. Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE THEREOF (County) Burial-transit Odell Union Cemetery 2-15-67 Odell Illinois Bethesda, Maryland 2Sb REGISTRAR'S SIGNATURE FMNERAL DIRECTOR leavely VR A15 (4) 20 M 1/66

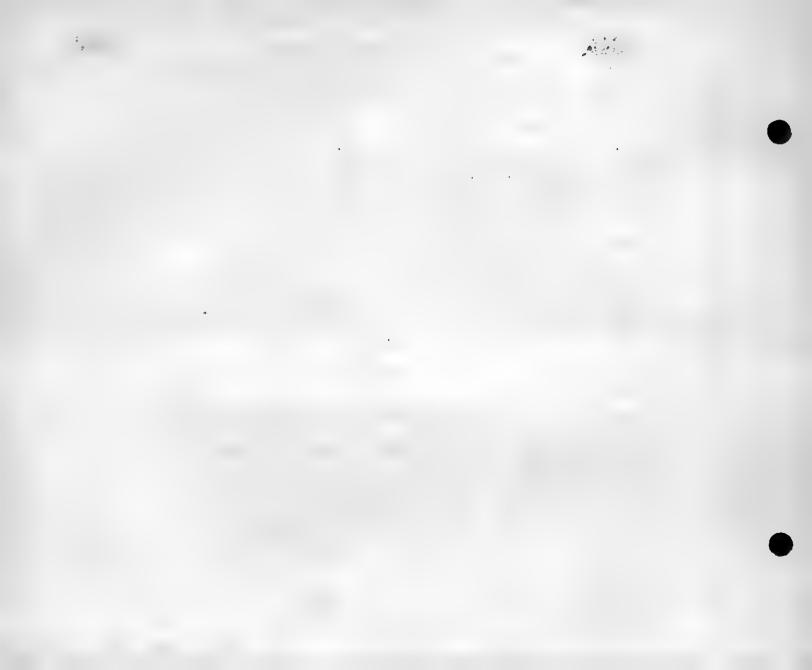


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FORSTATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. CDUNTY A a. STATE b. CITY OR TOWN (if outside corporate limits, write, RURAL and give nearest town) MARYLAND c. CITY OR TOWN lif outside corporate limits, write RURAL and give nearest town) C. CENGTH OF STAY IN 1b funer TUTION (If not in hospital, give street address) the DN A FARM? nitarium 3. NAME OF OF DEATH DECEASED (Type or print) 2 with within AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED 52 yrs. WIOOWED : OIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) COUNTRY? SCIENCE ADM. Minnie Grunhagen Gatherine, Eggers Address 9000 (Yes, go, or unknwn) | (If yes pige war or dates of service) permit. removal, INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), SO de on PART I. DEATH WAS CAUSED BY: burial-transit cremation, or PULMONARY EMBOLISM, MASSIVE, BILATERAL IMMEDIATE CAUSE (e) cremation, DUE TO Medical PHLEBOTHROMBOSIS OF LEG VEINS Conditions, if ony, which \ (b) gave rise to immediate **OUE TO** days cause (a), stoting the FRACTURES underlying cause lest. used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES NO 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) 3 should be agent, prior CERTIFF 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. should be forwarded Head on Loisson with unather Can 20d. INJURY OCCURRED 20e. PLACE DF NJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year While Not While at work IRECTOR: Page its designated at work L Inspection X inquiry (3). and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Undetermined manner Accident X death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER YOUT Health or its 22. DATE SIGNED ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER director. Pag retained for) Old Georgetown Robeputy MEDICAL EXAMINER D FUNERAL EXAMINER'S John Retherda Maryland Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 0 1967 National Memorial Park Galls Chu ADDRESS 250. REC'D BY REGISTRAR; 1967 MAR VR AISME (5) Silver Spring 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02347 CERTIFICATE OF DEATH deoth law requires that the deoth certificate be executed within 24 hours after deoth by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY papers Pages 1 of thin 72 hours after d Montgomery MARYLAND Carroll c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) 18 Days Bethesda Mt. Airy e IS RESIDENCE ON A FARM? signed by the ottending physician and completely filled in burial-transit permit. Then please remaye carbon papers burial, cremation, or removal, and in any event within 72 h. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS The Clinical Center, Bethesda 14, Maryland 400 South Main Street NO X YES Middle 3. NAME OF Lost 4 DATE Month First Dav Year DECEASED (Type or print) OF. Cheryl Denise Esworthy 24 19 67 February DEATH IF JNDER I YEAR IF UNDER 24 HRS. 9 AGE (In years S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdoy) Months Doys 26 December 1956 Female White WIDOWED DIVORCED 16a USJAL OCCJPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working rife, even if retired) INDUSTRY Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Albert D. Esworthy, Dorothy Grim 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT The Medical Recordings The Clinical (Yes, no, or unknown) (If yes give war ar dates of service) Center, Bethesda, Maryland 20014 None Insufficiency ONSET AND DEATH

5 minutes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardio-respiratory arrest secondary to pulmonary 60 10 DUF TO Conditions, if any, which gave 2 years Bronchooneumonia and bronchiectasis rise to immediate cause (o). DUE TO stating the underlying couse hos been the (d) Cystic fibrosis of pancreas 10 years PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS! PERFORMED? CERTIFICATION YES X NO F TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital or 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (Stote) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur a.m. Nat While at work 21. I certify that (1) (this haspital) attended the deceased from 6 February, 1967, to 24 February 67, that (1) (we) last saw the deceased alive an 24 February 1967, and that death accurred at 1:50 M, from causes and an the date stated above director, page 3 should should be filed with the 22a SIGNATURE 22b. DATE SIGNED **ATTENDING** 24 February 1967 M.D. DIRECTOR PHYS. 1 somet 72d. ADDRES9The Clinical Center, National 22c. PHYSICIAN'S NAME (Type) Georges Peter, M.D. Institutes of Health, Bethesda Md. 2001 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23a BURIAL, CREMATION, REMOVAL (Specify) 2/25/1967 ocust Grove Jeretery Frederick Co.. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 28 Tox 141 Sykesville, 1d. Waltz DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02348 CERTIFICATE OF DEATH n2344 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, if institution. Residence before admission) o. COUNTY b COUNTY MARYLAND b CITY OR TOWN (if outside carparate limits. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give gearest town) physician and completely filled in by en please remave carban papers P d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS POTOMAL MANOR NURSING HOME Washington Sanitarium & HOSPITAG NAME OF Middle DATE DECEASED OF DEATH EWING (Type or print) 6 COLOR OR RACE AGE (In years JE UNDER 1 YEAR 7. MARRIED birthdoy) Months Doys Hours WHITE DIVORCED WIDOWED and in any 10e, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? SCOTLAND 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, crematian, or remaval, signed by the attending phy burial-transit permit. Then RRIET SHENEY 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse lost. WAS AUTOPS PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (C by or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from M. fram causes and on the date stated above 19 6/, and that death accurred at saw the deceased alive on 220 SIGNATURE DATE SIGNED DIRECTOR M D PHYS 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 23d LOCATION (C, M or Town) 230 BURIAL, CREMATION. (County) √Stote) 25b. AEGISTRAR S SIGNATURE VR A15 (4) 25M 1/67



	02349	CERTIFICATE		ET, BALTIMORE 1, M.	ARYLAND A
i	PLACE OF DEATH		2. USUAL RESIDENCE (Who	are decassed lived, If Institution:	Residence before admir
	MONTGOMERY_	MARYLAND	* STATE MARYLAND	P. COUNTY MONT	IGOMERY
	write RURAL and give nearest town)	LENGTH OF STAY IN 16		corporate limits, write RURAL an	d give nearest town)
	J. NAME OF HOSPITAL OR INSTITUTION (If ng! in hospital)	Bdays	SILVER SPRII	NG	- the account
١	Mastr. Sand Hospital	, GIAS SILESI SCOLETZ)		۸۵	o. IS RESIDE
1000	NAME OF First	Middla	Last 4, DA	TE Month	YES NO
	(Type or print) Emanuel		Falk DE		28 1967
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years IF UNDER Months	
	MALE WHITE WIDOWED	DIVORCED DE	C. 4, 1904	162 yrs.	Days Hours Min
	done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		e, or foreign country) 12. Cl	TIZEN OF WHAT COUNT
_	Clothing Salesman 3. FATHER'S NAME		NEW YORK 14. MOTHER'S MAIDEN NAME		USA
1	LOUIS FALK		RACHEL		
Į		CIAL SECURITY NO. 17. IN	FORMANT WIFE	Address	
_	_NO213	3 32 7749 TI	LLIE F. FALK	-AS ABOVE-	-d
	IB. CAUSE OF DEATH [Enter only one cause per line]. PART I. DEATH WAS CAUSED BY:	for (a), (b), and (c).)	Mar A.	1-7	ONSET AND DEAT
	IMMEDIATE CAUSE (a)	do think	ruiei e p	a farcient	days
	Conditions, if any, which \ (b)	tei o les A	# H.D	•	,
	gave rise to immediate cause		7		-
	(a), stating the underlying DUE TO				
IACOT AC	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOP PERFORMED
E & CIS	20. ACCIDENT WAS UNDERLYING TO ACCUMENT	ar was well as a second as		0 - 11 - 1 - 1 - 1	YES NO
CEBTICL	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	DE HOW INDUKY OCCURRED.	. (Entar nature of injury in Part I o	real I of Hem IB.)	
1 17 04			E OF INJURY [Home, ferm, 20f.	(City or town) (Cou	infy) (Stete)
ALERNA	Hour a.m. While p.m. 19 at work	Nol While fector	y, streat, office bldg., atc.)		
	21. I certify that (I) (this hospital) attended		11-13 , 1964,	102-2-8-, 19	(2) 13 1 (1) ()
	saw the deceased alive on	the deceased from	die minimum, 1990 for		7/., that (I) (we)
			leath occurred at 15 TMP	from the causes and on t	
	220. SIGNATURE	19	ATTENDING MED.	STAFF	he date stated abo
	Land Colo		ATTENDING MED. DIRECTOR	STAFF	
	22c. PHYSICIAN'S NAME (Type) ABRAHAM W.	19	ATTENDING MED.	STAFF PHYS.	he date stated abo
2	22c. PHYSICIAN'S NAME (Type) A-B NAH AM W. 3a. BURIAL, CREMATION, 23b DATE THEREOF 23.	19	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF PHYS.	he date stated abo
2	22c. PHYSICIAN'S NAME (Type) ABRAH AM W. 3a. BURIAL, CREMATION, 23b DATE THEREOF 23. REMOVAL (Spacify)	M.D. A. I. S. H. IC. NAME OF CEMETERY OF	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS // OC SPLIA R. CREMAIORY 23d.	STAFF PHYS. CONTINUE STAFF CONTINUE STAFF	he date stated abo
2	22c. PHYSICIAN'S NAME (Type) ABRAH AM W. 3a. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) 3-2-67 4 FUNERAL DIRECTOR'S SIGNATURE	M.D. A. I. S.H. IC. NAME OF CEMETERY QUE	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS // OC SPLIA R. CEMAIORY 23d. CEMETERY W. 25a. REC'D BY R	STAFF PHYS. G S7 - S- LOCATION [City, fown or count ASHINGTON, D.	he date stated above 22b. DA 3-1-80 5- Md (State)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02350 CERTIFICATE OF DEATH Nese remove carbon papers. Pages 1 and 2 and 10 and 2 and 10 any event, within 72 hours after death. requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY Montgomery a. COUNTY Maryland Montgomery MARYLAND b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Bethesda filled in I IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 5404 Huntington Parkway 5404 Huntington Parkway YES NO X tion and compression 3 NAME OF Middle 4. DATE Month Day First Last DECEASED ELIZABETH S. FARIS Feb. 67 (Type or print) DEATH IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED tast birthday) Dovs Hours May 23,1897 White WIDOWED DIVORCED Female 10g USUAL OCCUPAT ON (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY New York S Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or removal, Annie Armstrong Edward Martin Sheldon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO 17 INFORMANT Address Charlottesville. Va. None Mrs. Wm.B. Loonev No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) 11301 **DUF TO** Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause Poge 4 may be retoined by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the Stote Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 🔀 YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice blda. etc.) Not While at wark at work 21. I certify that (1) (this hospital) attended the deceased from 4/20/00, 19 , 19___, that (I) (we) last to 2/3 and that death occurred at SA M. from couses and on the date stated above. 196 Speci 15 sow the deceased olive on... 22b. DATE SIGNED 22g. SIGNATURE STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 1800 Eve Street 22c. PHYSICIAN'S BERNARD WALSH NAME (Type) Washington. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BURIAL CREMATION. 23b. DATE THEREOF (County) (State) REMOVAL (Specify)
Burial Moreland Baptist Cem. Albemarle County. 2-6-67 24 FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE land for PUMPHREY, Bethesda, Maryland VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02351 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY Hontgomery b. COUNTY Hont romerer MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) Silver Spring 1dav 10등 hrs d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 3306 Norbeck Rd. Montgomery General Hospital YES NO 50 NAME OF First Middle 4 DATE remover corbon Month Year DECEASED Maggie Fields Page February 67 (Type or print) DEATH S. SEX 6 COLOR OR RACE [X] DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** 9. AGE (In years last birthday) Female Negro 31/05 or removal, and in ony WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CT ZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Virginia USA 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Smith Mary Darling 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service) Hospital Records. Olney, Maryland 18. CAUSE OF DEATH (Enter only one cause per line INTERVA signed by the buriol-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be retained by the hospitol or attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying cause DIRECTOR: After this certificate has been os the of Heolth prior ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD ONLY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) USe ٥ 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (Stofe) (County) Hour o.m. foctory, street, office bldg., etc.) Not While of work at work 21. I certify that (I) (this hospital) pHended the deceased from. 199 that (1) (we) last 9:30M, from lauses and on the date stated above. and that death occurred at saw the deceased alive an 22o. SIGNATURE M.D DIRECTOR PHYSICIAN'S Charles H. Ligon O FUNERAL laryland NAME (Type) 23d LOCATION (City or Town) 230_BURIAL CREMATION DE CEMETERY OR CREMATORY (Stote) (County) emor IA FEB 28

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02352 . The law requires that the death certificate be executed within 24 hours after death the attending physicion and completely filled in by the funeral isit permit. Then please remove carbon papers. Pages 1 and 3 mation, or removal, and in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY MARY! AND c LENGTH DE/STAY IN 16 **CITY DR TOWN** (If outside corporate limits, write RURAL and give nearest town) autside carporate fimits e IS RESIDENC ON A FARM? d. NAME DF HDSPITA DR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS YES 🗀 NO X NAME OF Middle 4. DATE First Lost Doy Year DECEASED OF DEATH ARLES 196 (Type or pnnt) IF UNDER 24 HRS S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** lost birthdoy) Months Days Hours WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. JOHN OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) 13. FATHER S MAME Address **INFORMANT** WAS DECEASED EVER IN L. S. ARMED FORCES? 16 SOCIAL SECURITY NO O FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 shauld be detached for use as the bursol-transit permit... (Yes, no, or unknown) (If yes give wor or dates of service) cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspıtal or attending physicion. DUF TO buriol Conditions, if ony, which gove rise to immediate couse (a). DUE TO for use as the t f Health prior to b stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? ERIOS CLEROSIS ND 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 200 ACCIDENT WAS INDERLYING OR CONTRIBUTING CAUSE OF DEATH be detoched (IF FITHER, NOTIFY MEDICAL EXAMINER with the State Dept. 20d INJURY DCCURRED 20e PLACE DF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20k. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) attended the deceased from FER. 1902, to FEB. , 19*67,* that (I) (we) last and that death accurred at 7 % M, fram causes and an the date stated above saw the deceased alive an E.B. 22o. SIGNATURE 226 DATE SIGNED M.D DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN NAME CEVE 23d. LOCATION (City of Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BUR AL CREMATION REMOVAL (Specify) Burial ower Hill Cemetery Redland Montgomery MD. 25b. REGISTRAR S SIGNATURE 250 REC'D BY REGISTRAR **ADDRESS** 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Tyson Wheeler Funeral Home 1331 Rockville



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
FOR STATE,		02353 MEDICAL EXAMINER'S CERTIFICATE OF DEATH				02349		
uny delay is PM3. Page PM3. Page epartment of the pm3. Page partment of the pm3. Page pm3. Pm3. Pm3. Pm3. Pm3. Pm3. Pm3. Pm3. P		CITY OR TOWN (If outs decorption limits, of a person o	-	MARYLAND C LENGTH OF STAY IN 16 DO A	Maryl	here deceosed lived, finstitut b COL and b COL side corporate limits, write RU	Inches Residence before admissions RAL and give nearest fown)	
th. If any ges 1, 2, 1 farm P	U	NAME OF HOSPITAL OR INSTITUT ON (It not in the ask. San. of Hospital Or Institut On (It not in the ask.)	,	ve street oddress) /- Middle	d STREET ADDRESS 1802 Ke	okee St 4 DATE Mon	o is residence on a farm? yes \ no _	
himes haves after death. If any delay is not a light of them 18. Give Pages 1, 2, and 3 to hine. Office along with farm PM3. Page pages land 2 with the State Department ours after death.		EX 6 CO.OR OR RACE 7 M	MARRIED [Paul Fi	nney 8 DATE OF BINH 26 JUNE 19	OF DEATH 2	th Doy Year 1967 7 1967 1967 1968 1968 1968 1968 1968 1968 1968 1968	
inter haurs inter Office sages land 2 is after death	Ł .	JS_AL OCCUPATION (Give kind of work done in most of working life, even if retired) FAJMER'S NAME		ID OF BUSINESS OR USTRY	11. BIRTHPLACE (Stote of GKLAHON) 14. MOTHER'S MAIDEN NA	r foreign country)	12 CITIZEN OF WHAT COUNTRY?	
ld be executed within the haurs of the standard of the standard of the a Chief Medica Examiner Office a standard permit. File pages land 2 weent within 72 haurs after death.	1S	WAS DECEASED EVER IN L S ARMED FORCES? WAS DECEASED. EVER IN L S ARMED FORCES? NO. or UNKNOWN) (If yes give wor or dotes of serv	16. S	OCIAL SECJRITY NO 17 NKNOWN PA	CERALIA	JE STAI	ULEY ENNINGHAM DR PTON, VA.	
This certificate shauld be executed with icate, writing the ward "pending" in periods forwarded to the Chief Medica Examist be used as a burial-transit permit File premayal, and in any event within 72 haur		18 CAUSE OF DEATH (Enter on y one couse pe PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO	r line for (<u>Asp</u>	o), (b) and (c)) hyxiation due	e to carbon	monoxide	INTERVAL BETWEEN ONSET AND DEATH	
. 注 p	L CERTIFICATION	PART I OTHER SIGNIFICANT CONDITIONS CONTR 200 EXTERNAL CAUSE WAS PRIMARY 25 or CONTRIBUTING CAUSE OF DEATH	20b. DES	D DEATH BUT NOT RELATED TO CRIBE HOW INJURY OCCURRED COASO Durne	(Enter noture of in try in Pa	ort For Fort Fof dem 18)	19 WAS ALTOPSY PERFORMED? YES NO NO	
L EXAMIN ecute the Page 4 sh ar yaur f1 R: Page 3 s	MEDICAL	20c TIME OF INJURY Month, Day Year 2:43 xp6x 2-7 1967 21. I certify that I tack charge af death resulted from Natural ca	20d IN. While of work the rem	not work 200 P.A. alans described abave, he	CE OF INJURY (Home, orm, tary, street, office bldg , etc.) Home	20f. (City or town) Hyattsvill	ury and in my apinio	
TY 'Y's are all and are all ar		ACTUAL SIGNATURE SIGNATURE SEAMINER'S NAME (Type) BELOEN	ET.	Cap, M.	CH.EF MEDICAL E ASSISTANT MED CO CDEPUTY MED CAL ACCURATE SHEET	AL EXAM NER	22. DATE SIGNEI El. 7, 1967	
· 00 m = 20 m =	1	BURIAL, CREMATION, 23b DATE THEREOF PROVIDE CONTROL OF THE BURIES OF THE BURIAL DIRECTOR/		ARLINGTON ADDRESS	NATIONAL	ARLING BY REG STRAR 2SB RI	wn) ((Gunty) (Stote) ON	
VR A15ME (5) 6M 1/67	16	V. W. Chambers	60.	Riverdale,	MA DATEFEE	3 1 0 1967	" - refer Quesas.	



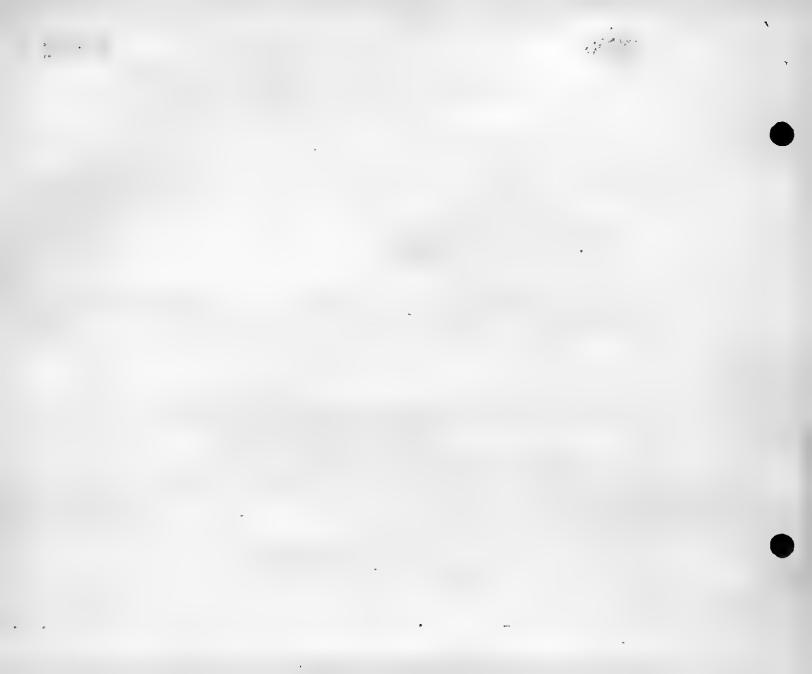
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after MARYLAND b. CITY OR TOWN (if outside corporate limits, prite RURAL and give hearest town) OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1h c, CITY bon papers. Pag within 72 hours .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled a. IS RESIDENCE d. STREET ADDRESS ON A FARM? 24 NO YES etely within NAME OF First Middle Lasi DATE Month Dav Year DECEASED event, comple ve cark 1967 (Type or print) Thomas Fisher DEATH Feb. 17 executed and con SEX 6. COLOR OR DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 8. 7. MARRIED X NEVER MARRIED last birthday) Months I Days Hours any WIDOWED DIVORCED Ξ 102 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY ysichen please 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be **COUNTRY?** ed by the attending phy-transit permit. Then of cramation, or removal. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) | (If yes pive war or dates of service) 16. SOCIAL SECURITY NO. 18. /CAUSE OF DEATH [Enter only one cause_per line for (a), (b), and (c). INTERVAL BETWEEN redulres that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed t IMMEDIATE CAUSE burial-ti burial. Conditions, If any, which been gave rise to Immediate the to DUE TO cause (a), stating the as the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? r this certificate hadeached for use te Dept. of Health use Health No T YES T 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 120e. PLACE DF INJURY (Home, farm, (County) (State) 20f. (City or town) be de State I factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While p.m. 19 at work at work 21. I certify that (I) (this maspitel) pttended the deceased from. the DIRECTOR: Jage 3 should lied with the saw the deceased alive on M. from the causes and on the date stated above. and that death occurred at 22a. SIGNATUR 22b. DATE SIGNED STAFF ATTENDING MED. M.D. DIRECTOR PHYS. HOSPITAL FUNERAL TO FUNERAL director, p 22c. PHYSICIAN'S ADDRESS 22d. NAME (Vape) P. Kerr, James M Damascus. Md. Page 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) 24. EUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25a. 25b. VR A15 (4)

20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



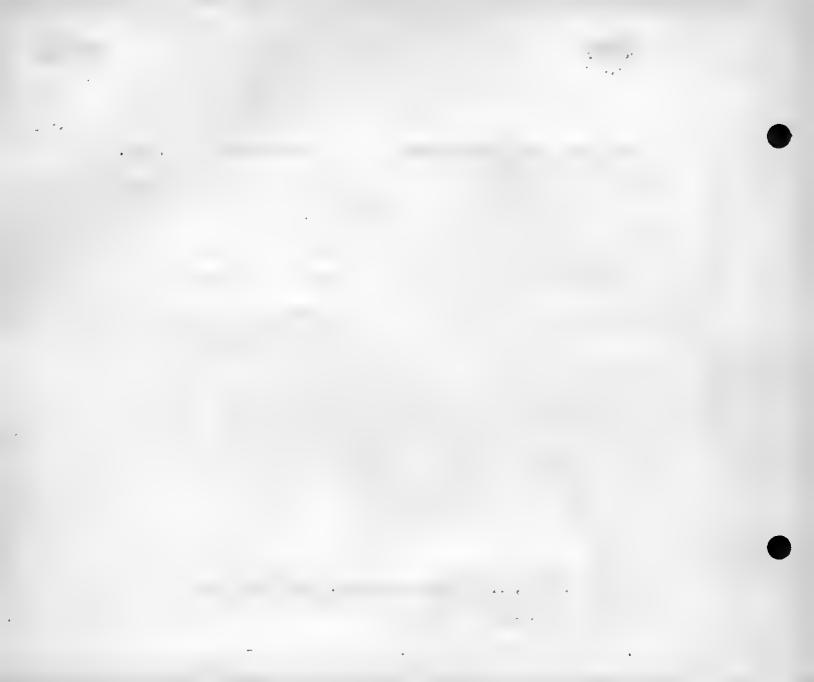
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02356 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death by the funeral Pages, 1-and 2 hin 72 hours after deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE h COHNTY MARYLAND C LENGTH OF STAY IN 1h porote irmits, write RURAL and give negrest town) physician and campletely filled in en please remove carbon popers. IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS NO Z 3 NAME OF DECEASED Middle DATE First (Type ar print) DEATH S SEX 6 COLOR OR RACE MARRIED DATE OF AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS **NEVER MARRIED** birthdoy) Months Dovs Haurs WIDOWED DIVORCED 12. CITIZEN OF WHAT 10g. JSUAL OCCUPATION (Give kind of work done (HPLACE (County & State, or fareign country) during most of working life, even fretired)
Vice-Pres.-Connected COUNTRY? Goodfich Tire Rasis. 13 FATHER'S NAME 14. MOTHER S MAIDEN NAME burial, cremation, or removal, Unknown IS WAS DECEASED EVER IN U.S. ARMED FORCES? 710 Edgëmoor Lane Bethesda, Maryland 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Billy Fuller 288-16-5851 18 CAUSE OF DEATH (Enter only one cause perfline for (d) (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse ed for use os the of Heolth prior ta TO FUNERAL DIRECTOR: After this certificate has been WAS AU PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED YES NO 20o. ACCIDENT WAS UNDERLYING ... 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the State Dept 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Manth, Doy, Year foctory, street, office bldg., etc.) Hour a.m. While Not While 19 ot work Poge 4 may be retained by 21 I certify that (I) (this hospital) attended the deceased fram. <u> 19 ا – ا</u> and that death accurred at fram causes and an the date stated above. the deceased alive on-SOW 22b. DATE SIGNED 22o. SIG ATTENDING M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICHANA NAME (TVM 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Stote) BURIAL CREMATION, City or Town) REMOVAL (Specify) Lincoln Cemetery Prince 2-18-67 George County . Md. 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



DIVISION OF VITAL PECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #11 infor. paken from birth cert. The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Montgomery Prince George ician and campitetely filled in by the fur lease remave carban papers. Pages 1 and in any event, within 72 haurs after MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)

Takoma Park c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 few hours Landover d NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Washington Sanitarium & Hospital 2302 Brightseat Rd YES NO 12 3. NAME OF 4. DATE DECEASED (Type or poot) Baby Girl Fulliher DEATH February 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED WIDOWED | DIVORCED Feb. 6 67 White Female 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Takoma Park, Mont. Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Allen Russell Fullmer Betty Matilda Holler 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Father 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) NTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove 1 rise to immediate couse (a), DUF TO stoting the underlying couse (c) 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 🔀 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. T.ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram 19 19..... that (1) (we) last M. from causes and on the date stated above saw the deceased alive an_ and that death accurred at 220. SKGNATURE 22b. DATE SIGNED STAFF DIRECTOR PHYS director, page shauld be filed 22d ADDRESS 22c. PHYSICIAN'S Takoma Park, Maryland 7600 Carroll Ave. 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) REMOVAL (Specify) 2-8-67 Washington San & Hospital Takoma Park, Montgomery, Md. 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR J. Roughcorn 7600 Carroll Ave., Takoma Park DAIF 2-8-67

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02358 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Montgomery New Jersey **b** COUNTY MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) and campletely filled in by the c LENGTH OF STAY IN 16 37 Days Bridgeton Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? 453 Coral Avenue The Clinical Center, Bethesda, Md. 20014 YES NO K Middle NAME OF 4. DATE Last Manth Day carban DECEASED 19 67 Leslie Garrison February 12 Marv event, (Type or print) DEATH 1F UNDER 1 YEAR | 1F UNDER 24 HRS SEX 8 DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED T remaye lost, birthday) Manths any Female 8 May 1952 White WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life even if retired) INDUSTRY Kentucky the attending physical nsit parmit. Then ple imation, or removal, a 13 FATHERS NAME 14. MOTHER'S MAIDEN NAME Mary Emma McHenry Leslie Wayne Garrison 17 INFORMANT The Medical Recorder The Clinical IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) Center, Bethesda, Maryland 20014 None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p burial, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Generalized Sepsis DHE TO Conditions, if any, which gove 16 months m (b) Acute Myelogenous Leukemia rise to immediate cause (a). DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c, TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Not While of work 21. I certify that (f) (this haspital) attended the deceased fram 6 January _ 19 67, to 12 February 67, that (N (we) last saw the deceased alive an 12 February 1967, and that death accurred at 2:10 M, from causes and an the date stated above. 22b. DATE SIGNED 22a SIGNATURE STAFF PHYS. **ATTENDING** X 12 February 1967 PHYS 22d. ADDRES9The Clinical Center, National 22c. PHYSICIAN'S NAME (Type) Leonard H. Brubaker. MD. Institutes of Health, Bethesda 14, Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF (County) (Stote) Bridgeton, New Jersey Overlook Cemetery 2-14-67 2Sb. REGISTRAR'S SIGNATURE 2Sq REC'D BY REGISTRAR 24 FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland VR A15 (4) Ochanles Judge 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02359 CERTIFICATE OF DEATH attending physician and campletely filled in by the funeral permit. Then please remave carbon, papers. Pages 1 and 2 on. or remaval, and in any evert, within 72 haurs after death. 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss on) b. COUNTY Montgomery o. COUNTY o. STATE Montgomery Maryland MARYLAND b CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURA and give negrest town)
Silver Spring Chevy Chase d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Holy Cross Hospital 4625 Hunt Avenue NO POR he law requires that the death certificate be executed within NAME OF Middle Lost 4 DATE Month Day Year DECEASED burial, cremation, ar remaval, and in any event, FREDERICK A. **GENAU** 19 6 (Type or print) DEATH S SEX AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH 66 birthday) Days Haurs Mar. 21. White 190d Male WIDOWED DIVORCED 10a. USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired Licer Retired COUNTRY S. Washington. D. C. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME rane Aloysius T. Genau Margaret Hall IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 15 WAS DECEASED EVER IN 0.5 ANNEW FOR THE STREET OF SERVICE) 79-12-7692 M.Virginia Genau Same as Item 2. Co No INTERVAL BETWEEN signed by the burial-transit p CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c)) the PART 1 DEATH WAS CAUSED BY ap IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Re Conditions, if any, which gave rise to immediate cause (a), den DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 19 WAS AUTOPSY PERFORMED? el PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WEDICAL CERTIFICATION 四 NO 20o. ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH Dr (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om. factory, street, office bldg., etc.) Not While by 21. I certify that (1) (this haspital) attended the deceased fram_ , 19___, that (I) (we) last Cleared and that death accurred a 1857. M, from causes and on the date stated above. saw the deceased alive an 22g SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR ADDRESS 22c. PHYSICIAN'S WALSH NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) (Caunty) (State) Burial Specify) -2 - 22 - 67Mt. Olivet Cemeterv Washington. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland Lordey VR A15 (4) 20 M 1/66 DATE



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Write RURAL and give negrest town) Bethesda d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) 6704 Rannick Road 3 NAME OF DECEASED (1990 or print) Kathleen Sekton GILLIS 6 COLOR OR RACE / MARRIED NEVER MARRIED STATE OF BIRTH S SEX 6 COLOR OR RACE / MARRIED NEVER MARRIED STATE OF BIRTH S SEX 6 COLOR OR RACE / MARRIED NEVER MARRIED STATE OF BIRTH 100 JUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT GOUNTRY 3. IF JNDER FOR JUDIUS RY	
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death resulted from: Natural causes X, Accident , Spicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Char	
EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) February 26, Address (Street, city, town, or county) Street, city, town, or county)	tote)
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MARYLAND STATE DEPARTMENT OF HEALTH

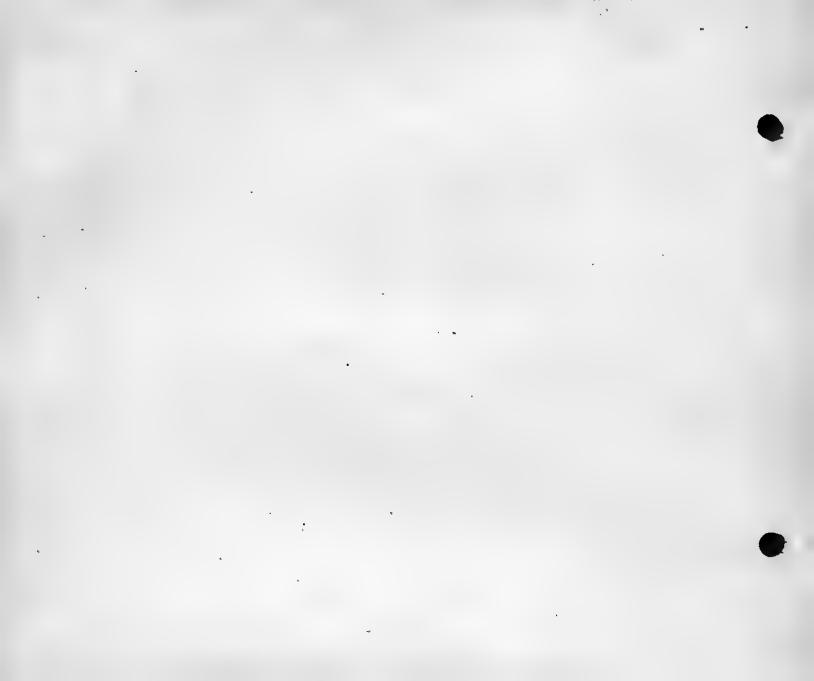


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Montgomery Montgomery MARYLAND Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearast town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Rockville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours Tar parked in front of: 2212 McArthur Dr. 2212 McArthur Drive NO 3 NAME OF First Middla Last DATE Month DECEASED February GOLDEN DEATH (Type or print) WILLIAM JACKSON 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 8, Give Pages N 3 Male White 27. 1891 WIDOWED . DIVORCED and 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (Stata or foreign country) Hatchery COUNTRY? Virginia Retired USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME tem 18 Alice Wince 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yes. no, or unkown) | (If yes give war or dates of service) = Margaret A. O' Jannon-daughter -- same This certificate should be executed within INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit 10 DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO causa (a), stating the EQ3 used as a to burial, underlying cause last. (c) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO To YES [20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARYS OF CONTRIBUTING CAUSE OF DEATH. P 6 Blew Topost-head off und shot guin-WEDICAL 2Dd. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm,) 20f. (City or town) (County) 3 sho TIME OF INJURY Month, Day, Yaar factory, street, office bldg., etc.) While Not While at work Garin Street 19 6 / ecute the certil inspection . and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy FUNERAL DIRECTOR: Health or its design Undetermined manner death resulted from: Natural causes Accident . Suicide X. Homicide CHIEF MEDICAL EXAMINER for your ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED SIGNATURE 7936 Old Georgoto PERUTY, MEDIAL EXAMINER 🔀 **EXAMINER'S** director. John G. Bethesda, Karylan Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY TREMOYAL (Specify) Sacred Heart Cemetery Minneyville, Virginia 0 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1967 Tyson bheeler Funeral Home VR ALSME (5) Kockville. Md. 1/65



CERTIFICATE OF DEATH 02362 Rea. Dist. No. al director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (If outside/corporate timits, write E LENGTH OF STAY IN 16 c CITY OR TOWN (Iffoutside corporate limits, write RURAL and asserted town). d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ocso (1 YES NO DA .5 6 NAME OF Middle 4. DATE Last Month Year OF DEATH DATE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IN (Type or print) 196 8 DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T completely Months Doys WIDOWED D DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 41. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewill 13. FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO coscleroses Conditions if any, which ; gove rise to immediate **DUE TO** cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg , etc.) Hour a.m. While Not while ot work of work p m. 2-27 ... 196/that I last saw the deceased 21. I certify that I attended the deceased framalia and that death accurred at 7:45 M, from the causes and on the date stated above. O FUNERAL Dage 3 should PHYSICIAN'S orinne Cooper NAME (Type) 220 BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) BUTT (Specify) Parki wn Rockville, Mar cland TADORESS KOCK. 23. FUNERAL DIRECTOR'S SIGNATURE Pike 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Typon wheeler funeral Home wockville, Baryl TOTATE 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18



	O2303 OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MA	358°
	PLACE OF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Res	sidence before admission
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_	Bethesda 68 days Fair Caks d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	43 3
١	The Clinical Center, Bethesda, Maryland 6752 Will Rogers Drive	ON A FARM?
	NAME DF First Middle Last 4. DATE Month DECEASED (Type or print) Wilda Mae Grace DEATH Feb.	Day Year 15, 1967
1 10 1	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years list birthday) Months (
L	Co. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR uring most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT
	Housewife None Mississippi 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA
l	Murl Scribner Eva Coggin	
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT The Medical Records Yes, no, or unknown) (If yes give war or dates of service) 416-36-9361 The Clinical Center, Bethesda, Man	ryland
-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia	INTERVAL BETWEET DISET AND DEATH 2 days
	Conditions, If any, which gave rise to immediate cause (a), stating the DUE TD	5 days
THE COLUMN	underlying cause last.) (c) Metastatic Adrenal carcinoma (widespread)	3 years 19. Was autops PERFORMED? YES X ND [
1		
PATE NAME OF PARTY AND PAR	20c. FIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (Coun factory, street, office bidg., etc.) p.m. 19 at work at work	
	7-11 - 11 - 11 - 11 - 11 - 11 - 11 - 11	_, that 10 (we) to e date stated about TE SIGNED
	ATTENDING MED. STAFF AN 16 FO	eb. 1967 National da, Md.
1	3a. TURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23d, LOCATION (City, town or countermoval (Specify)	ala.
	Migin 389 R.I. one hu Madi Ac DATE FEB 21 1967 galance	ly Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02364 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution o COUNTY · STATE AA aryland b COUNTY 2, and 3 ta PM3. Page Montgonner Mentgamery File pages 1 and 2 with the State Department of MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give negrest town) 4225 ithers burg e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If hat in haspital, give street address) d STREET ADDRESS the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 3 4 shauld be farwarded to the Chief Med cal Examiner's Office along with farm 10 12110101. A YES NO K NAME OF 4. DATE Day Year DECEASED OF DEATH 28 (Type or pont) 19 67 IF UNDER 1 YEAR S SEX AGE (In years IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** last birthday) Months Days within 72 haurs after death. WIDOWED DIVORCED 10g USUAL OCCL PATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY MEDICAL EXAMINER: This certificate should be executed within 211 Maruland 13 FATHER S NAME 14 MOTHER'S MAIDEN NAM! 16. SOCIAL SECURITY NO IS WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, ar unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit event , PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO in any Vescular Disease Conditions, if any, which gave 3 rise ta immediate cause (a). DUE TO 0 stating the underlying couse guq last. be used 19 WAS AUTOPSY PERFORMED? PART IN OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) crematian, or removal, CERTIFICATION NO. 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW NILRY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 3 shauld PRIMARY [] or CONTRIBUTING [CAUSE OF DEATH MEDICAL 20c T ME OF INJURY Manth, Day, Year 20d INAURY OCCURRED 20e, PLACE OF NJURY (Home, form (Eity or tawn) (County) (State) Hour a.m. factory, street, office bldg., etc.) Nat While may be retained far your FUNERAL DIRECTOR: Page Page at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry IX and in my apinian death resulted fram-Natural causes 💢 Accident Suicide Hamicide Undetermined manner the funeral directar CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MED CAL EXAMINER pridr SIGNATURE DEPUTY MEDICAL EXAM NER **EXAMINER'S** Health John G. Ball Address (Street, city, town, or county) NAME (Type) BUR AL CREMATION 23b DATE THEREOF (State) 50 FUNERAL DIRECTOR 25a REC'D BY REGISTRAN VR A15ME (5) 6M 1/67 Gaithersburg DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02365 CERTIFICATE OF DEATH 02360eath certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages 1 and a. COUNTY o. STATE a b. COUNTY papers. Pages I within 72 hours after d Montgoinery-MARY! AND Ventgomery b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If (outside carporate limits, write RURAL and give negrest town) Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC within 72 ! ON A FARM? Farkwood JUESTMA YES NO 0 601 C CAMBOR 3. NAME OF DATE East 4 Month Year DECEASED OF DEATH Marie and in any event. Type or print 1967 IF UNDER 24 HRS S. SEX DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Dovs Hours 1889 white WIDOWED DIVOR CED 20 16a USJAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT I. BIRTHPLACE (County & State, or fareign country) during mast af warking life, even if retired) OHIO U.S A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, Edward Naham Boyle Mary Estelle Drury Addressame as Item 2 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT son-in-law 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If we give war at dates of service) 321-20-2741Dr. R. E. Greenfield No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (g)_(b), and (c) PART 1 DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (o) DUE TO signed Conditions, if any, which gave rise to immediate cause (o). DUE TO as the stoting the underlying cause Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) be detached for use State Dept. af Health YES NO 20g ACCIDENT IVAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office blda., etc.) at work at work 21. I certify that (1) (this hespital), attended the deceased from 3 should and that death occurred at 257/M, from pauses/and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a, SIGNATURE director, page 3 shauld be filed v DIRECTOR PHYS 22d ADDRESS 22c PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATOR) 23d. LOCATION (City or Town) (Stote) 23g. BURIAL CREMATION DATE THEREO (County) Burial - transit Decatur, Illinois Fairlawn Cemetery 2-2-67 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02366 CERTIFICATE OF DEATH and 2 death. funer MIS PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) COUNTY Montgomery MARYLAND arulana Montaomeru b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours write RURAL and give nearest town) 24 hours Silver Spring 20 uears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? نه (212 St. Lawrence Drive NO 🔽 YES completely ive carbon p FUN awrence. within 3. NAME OF DATE Middle Last Day DECEASED OF DEATH event, Mand Susan February 28 1967 (Type or print) grunewald executed AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. 6. COLOR OR RACE етоме 7 MARRIED 8. DATE OF BIRTH NEVER MARRIED August and temale WIOOWEO P DIVORCEO [physician a 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INOUSTRY COUNTRY? Baltimore, Maryland A Housewite Own home certificate 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME гетоуа George C. Carpenter Mary Caseu 15. WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service) Lawrence Mrs. Gladus Fillins No None the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH gned by th The law requires that the PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 0 min be retained by the hospital or attending physician. Corcharu Conditions, If any, which eneralized and COTOMATI been gave rise to immediate as the I DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY use PERFORMEO? erebra nrom bosis NO X YES [202. ACCIOENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this certification detached fr 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work p.m at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death occurred at 8 AM, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENOING PHYS. MEO. DIRECTOR BYUNVI M.D. Page 4 may TO FUNERAL AOORESS PHYSICIAN'S director, p NAME (Type) 23a. BURIAL, CREMATION 1 23b. DATE THEREO 23c. OF CEMETERY OR CREMATORY REMOVAL (Specify) REC'O BY REGISTRAR Huenne 1967

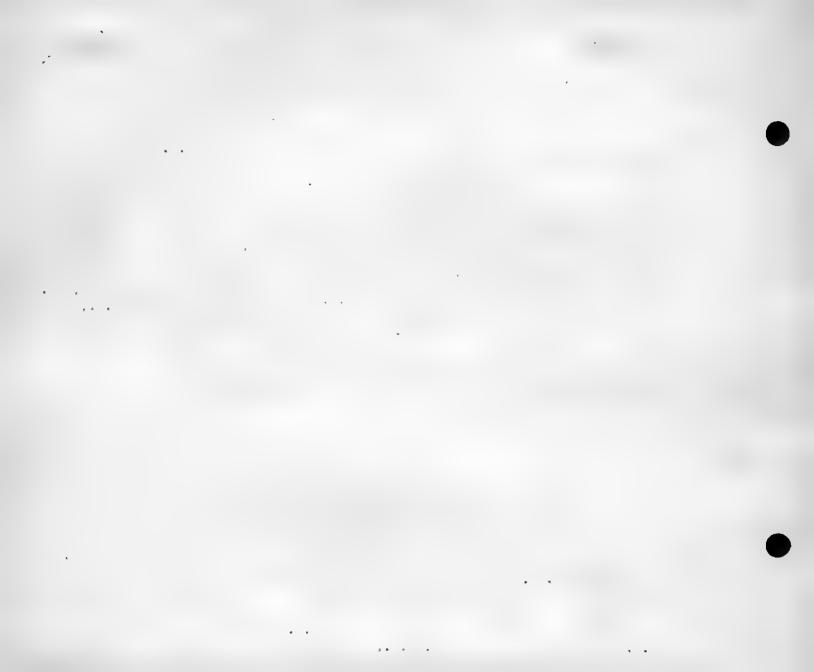


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02367 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY a. STATE **b.** COUNTY tely filled in by the function papers. Pages 1 c Don't omery
b CHY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Montgomery c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takor a Park Silver Spring 70 days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS 1505 Gleason Street NO 🕟 Washington Sanitarium and Hospital YES carbon 3. NAME OF 4. DATE Lost Doy Year. campletely DECEASED
(Type or print) DEATH James February S. SEX IF UNDER I YEAR 6. COLOR OR RACE B' DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED remove lost birthdoy) Months Days WIDOWED _ X DIVORCED white 8-13-86 pup male 10o LSUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT and in, physician a nen p^lease I during most of working life, even if retired) INDUSTRY COUNTRY? Agriculture Farming-retired Kansas America 33 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remayal, Isaac Gruver 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) [(If yes give war ar dates of service) INFORMANT 16 SOCIAL SECURITY NO. Agleason Street _Nora Terril signed by the after burial-transit permit burial, cremation, a ilver Spring 215-50-7330 IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) 11211 DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause by the hospital ar attending the last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES -NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I as Part II of item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home form, 20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) While of work of work Haur om. foctory, street, affice bldg , etc.) 21 I certify that (I) (this hospital) attended the deceased fram attended the deceased from 15, 1967, to 4th 12, 1967 that (1) (we) last 11, 1967, and that death accurred at 1 at AM, from couses and an the date stated above En V3 196 O HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: saw the deceased alive an 22a. SIGNAJURI 22b DATE SIGNED Semand U Tytes 2 director, page 3 should be filed v DIRECTOR 22d ADDRESS 22c PHYSICIAN S NAME (Type) BERNARD A FITZGERALD 217 UNIV. BLUDE Silver SPRING MA 23c. NAME OF CEMETERY OR CREMATORY 230 BJRIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) Trans-buria Scotts Valley Cenetery Paola
ADDRESS 250. RECD BY REGISTRAR Paola, Kansas 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 25M 1/67

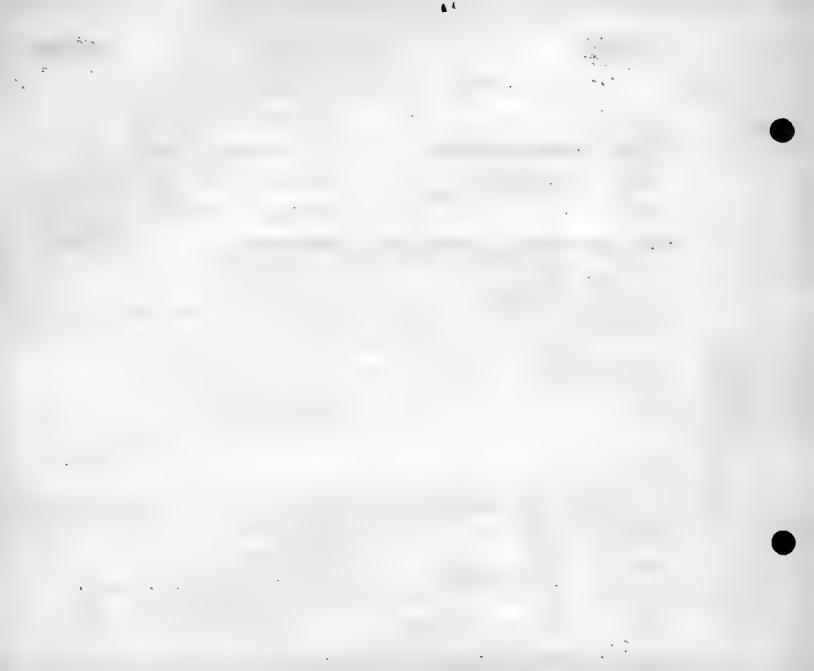
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY e. STATE Pages 1 urs after Montgomery
b. GITY OR TOWN (if outside corporate limits, MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b filled in by papers. Pagi write RURAL and give nearest town) Takoma Park
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Washington d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? within Washington Sanitarium S. st. NO YES etely within rbour 3. NAME OF First Middle Last DATE Month 4. Day Year DECEASED OF DEATH event. comple ve car (Type or print) Annie 1967 F'eb 5. SEX 6. GOLDR OR RACE геттоуе 7. MARRIED 8. OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) any Months Days Hours Female WIDOWED X DIVORCED White physician n please r val, and in Ξ 10a. JSJAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLAGE (Gounty & State, of foreign country) 12. CITIZEN OF WHAT certificate be **GOUNTRY?** clerk- retired 13. FATHER'S NAME remova itemaing party Elizabeth Ratkkenke Katrie Thomas **Bladen** 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOGIAL SECURITY NO. 17. INFORMANT Address the atter t permit b (Yes, mo, or unknwn) | (If yes give war or dates of service) death ansit perin George Bladen 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed by t the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: by the hospital or attending physician. IMMEDIATE GAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating prior underlying cause last. (c) 88 PART II. OTHER SIGNIFIGANT GONDITIONS GONTRIBUTING TO DEATHBUT NOT RELATED TO THE TERMINAL DISEASE GONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? certificate CERTIFICATI YES NO DIRECTOR: After this certificate 3 should be detached for filed with the State Dept. of H 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING | GAUSE OF DEATH (IF EITHER, NOTIFY MEDIGAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLAGE OF INJURY (Home, farm, 20f. (Glty or town) (Gounty) (State) factory, street, office bldg., etc.) Hour a.m. While **Not While** at work at work p.m retained 21. I certify that W (this hospital) attended the deceased from saw the deceased alive on 19 and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 22b. O HOSPITAL OR Page 4 may be page ATTENDING 6 STAFF MED. DIRECTOR M.D. PHYS. PHYS ADDRESS FUNERAL 22c. PHYSIGIAN'S 22d. director, p NAME (Type BURIAL, CREMATION, 1 23b. DATE THEREOF (State) 23c. NAME OF GEMETERY OR CREMATURY LOGATION (City, town or county) REMOVAL (Specify) 2 Washington. Congressional FUNERAL DIRECTOR REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. Lee Funeral Home Washington . D. C VR A15 (4) DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH



WARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02370 the attending-physican and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages 1 and 2 notion, or removal, and in any event, within 72 hours after death. 2 USUAL RESIDENCE (Where deceased sived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b COUNTY ... MARYLAND scate be executed within 24 hours after CITY OR TOWN (if autside corparate imits c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RLRA, and give nearest town) weeks d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? NO 😿 YES 3 NAME OF Middle DATE Manth Day Year DECEASED OF DEATH 2 10.HAR 196 (Type or print) (0. 5 SFX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last_birthday) Months Days Haurs WIDOWED DIVORCED 10b KIND OF BUSINESS OR M. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY TECH . - DEPT. ARM, 13. FATHER'S NAME GOWERN MENT 14 MOTHER'S MAIDEN NAME Anna Ketner Jesse J. Hanes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 3807 Wendy Lane Silver Spring requires that the death (Yes, no, ar unknown) (If yes give war or dates of service) 238-30-8609 Louise E. cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO norrhege due to buriol Conditions, if any, which gove rise ta immediate couse (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been os the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use Health p YES X NO for 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I ar Part II of Item 18) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or fown) (County) (Stota) factory, street, office bldg., etc.) Not While at work at work should be 21. I certify that (I) (this hospital) attended the deceased fram. 1965 ta 16 , 1962, that (I) (we) last 1967, and that death accurred at 3 PM, fram causes and an the date stated above. saw the deceased alive an. 22b DATE SIGNED 220. SIGNATURE MED. DIRECTOR M D PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Lennard Gold NAME (Type). Colesville Rd. 230 BUR AL CREMATION. 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) REMOVAL (Specify) Arlington, Virginia Arlington Nat'l Cemetery 250. RECD BY REGISTRAR FEB 2 3 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR conten acold . VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02371 physician.
signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages I and 2 burial-transition permit and in any event, within 72 hours after depth. requires that the distriction be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY o. STATE b. COUNTY Montgomery MARYLAND Montgomery Maryland b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c CITY OR TOWN (If auts de carparate limits, write RURAL and give neorest town) CLENGTH OF STAY IN 16 Silver Spring Silver Spring d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 8 IS RESIDENCE ON A FARM? YES T 13807 Notley Road NO Holy Cross Hospital NAME OF First Middle 4. DATE Los# Manth Day Year DECEASED (Type or print) 60 ROSELLA HARVEY Feb. 19 DEATH S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED alast birthday) Months Dovs Hours 11/10/81 WIDOWED DIVORCED Female White 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Housewife 13 FATHER'S NAME Gormania, West Va. Charles Rine Sophia Nine IS. WAS DECEASED EVER IN u.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Sil., Sp., Md. (Yes, no, or unknown) (If yes give wor or dates at service) Mrs. Ruby Miller - 13807 Notley Road. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) physician. DUE TO miner ARTERIOSCIEROTIC Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause has been as the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? cal NO YES this certificate b 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING [1] Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH 0 detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 201. (City or town) (County) (State) Haur a.m. Nat While factory, street, affice bldg, etc.) at work at wark IN FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram 19___, that (I) (we) last should be filed with the 19 , and that deoth occurred at M. fram causes and on the date stated above. saw the deceased alive on eared 22a, SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS. director, page 22d. ADDRESS 7 7600 22c. PHYSICIAN'S Coordia evenue NAME (Type) Sominas ..anuland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Faitliew Cemeters Makland 2Sb. REGISTRAR'S SIGNATURE 26a. REC'D BY REGISTRAR 967 DATE





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MART CERTIFICATE OF DEATH 02373 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission p. COUNTY b. COUNTY MARYJAND Thin 72 hours after arban papers. Pages b. CITY OR TOWN Attacks carperate LENGTH OF STAY IN 16 c CITY OR. TOWN (If outside corporate junits, write RURAL and give nearest town) Write RURAL and d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3 NAME OF carban, DATE 4. Month Dov Year DECEASED OF DEATH (Type or print) 19 9. AGE (In years S SEX 6. COLORIOR RACE IF JNDER 1 YEAR IF JNDER 24 HRS 7 MARRIED NEVER MARRIED birthday) Months Days Haurs physicion and co n any (WIDOWED X DIVORCED 10a USUAL/OCCUPATION (Give kind of work done TOO. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11_BIRIHPLACE (County & State, or foreign country) dulying most of working life, even if retiredly INDUSTRY COUNTRY? 13. FATHER-S. NAME buriol, cremotion, or removal, MOTHER'S MAIDEN NAME WAS DECEASED EVER IN J.S. ARMED FORCES? Z-INFORMANT 16 SOCIAL SECURITY NO. Address signed by the ottending buriol-tronsit permit. (Yes, no, or unknown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Broncho-pneumonia. hypostatic. Poge 4 may be retoined by the hospitol or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUF TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Coronary arteriosclerosis with myocardial fibrosis, patchy with YES X NO 20b. DESCRIBE HOW MUDRY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. Not While factory, street, office bldg., etc.) at wark at work 1967. ta 28 , 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from Crass 19 67, and that death occurred at QM, from louses and on the date stated above. saw the deceased alive on, 22a SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S SCONSIN NAME (Type) name of cemetery or crematory he Old Tennent 23d LOCATION (City or Town) Tennent, New 23a BURIAL, CREMATION 236. DATE THEREOF REMOVA TOPROTEST Cem. Jersev Burial -28-67 **ADDRESS** REC'D BY REGISTRAR 24 / FUNERA / DIRECTOR Bethesda, Md. VR A15 (4) 20 M 1/66 1967

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02374 CERTIFICATE OF DEATH gitate be executed within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) allysicion and completely filled in by the funeral a. COUNTY MARYLAND c. LENGTH OF STAY IN 16 OR TOWN (If autside competate limits RURAD and give plearest tawn) write RURAL and give nearest tawn neaton ve carbon popers. event, within 72 ha d_NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM NO YES NAME OF DATE Manth Doy Year OF DECEASED 19 6 DEATH UNDER 24 HRS. IF UNDER TYEAR S. SEX B. DATE OF BIRTH AGE (In years 6 COLOR 7 MARRIED **NEVER MARRIED** remove Months last birthday) Days Hours WIDOWED 12. CITIZEN OF WHAT 1Da USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR (County & State, or fareign country) COUNTRY? **INDUSTRY** pleose 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME HESSON NIEL signed by the attendigg, N. BELGRAD WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMAN PHYSICIAN: The law requires that the death permit. (Yes, no, or unknown) (If yes give wor or dates of service) cremotion, INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (o' the hospitol or oftending physician. DUE TO Canditians, if ony, which gave rise to immediate cause (o). DUE TO stating the underlying cause as the this certificate has been last. for use as WAS AUTOPS)
PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO of Health NO 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. factory, street, affice bldg., etc.) Nat While at wark O FUNERAL DIRECTOR: After be retoined by 21. I certify that (I) (this haspital) attended the deceased fram. should and that death accurred at 11.30 FM, from trauses and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE M.D DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION (County) (Stote) REMOVAL (Specify) CEMETERY NEYTOW 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR



Division of STATISTICAL RE	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
02375	CERTIFICATE OF	F DEATH	02369)			
Description 1 Place of Death o COUNTY /on IgomeRy b CITY OR TOWN/If outside corporate limits, will RURAL and give neorest lown) Kensington Enders Num 3 NAME OF HOSPIAL OR INSTITUTION (If not in hospial or		ISUAL RESIDENCE (Where deceased by). STATE	ed, if institution. Residence before odmiss b. COUNTY	sion)			
b. CITY OR TOWN (If outside corporate limits, white RURAL and give neorest town) C.N. S.C.N. G. C.M. — d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	11 mosth	ITY OR TOWN (If outside corporate line WHShington,	nits, write RURAL and give nearest town)				
Kensington Emdens Nur	sing Home.	1707-Columb	in Rd. N.W YES [FARM? NO K			
3 NAME OF DECEASED (Type or print) S SEX 6 COLOR OR RACE 7 MARR FOUNTIES WIDOW	B 1+095	Lost 4 DATE OF DEATH TE OF BIRTH 10 los	tebruary 16 19	9 67 DER 24 HRS			
	INDUSTRY	BIRTHPLACE (County & Stote, or foreign EXINGTON MOTHER'S MAIDEN NAME	country) 12 CITIZEN OF WHAT COUNTRY?	5			
JAMES. W. BARE 15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	16 SOCIAL SECURITY NO 17 INFORM	MANY E Ay	Address				
18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 200 ACCIDENT WAS UNDERLYING 2015	A.S. Cere	Thrombo bro vasc	interva. 8 ONST AND ONST AND	ETWEEN DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO THE TEI	RMINAL DISEASE CONDITION GIVEN IN	PART I(o) 19. WAS AL PERFOR	UTOPSY RMED? NO			
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (Enfer						
Hour o.m. 19 of	While Not While foctory, str	reet, office bldg , etc.)	y or town) (County)	(Stote)			
21. I certify that (I) (this haspital) of saw, the deceased alive an 220 SIGNATURE	tended the deceased from 2	ath accurred at/o ≅PM, fro	am causes and an the date state 22b DATE SIGNED				
22¢ PHYSICIAN'S NAME (Type)	S/acros MOTO	ATTENDING MED PHYS DIRECTOR D 22d Address	STAFF D 2-/6-	67			
230 BURIAL (REMATION, REMOVAL (Specify) Burial 2/20/67 24 FUNERAL DIRECTOR	Stonewall Jac		ON (City or Town) (County) ngton Va 25b REGISTRAR'S SIGNATURE	(Stote)			
Lee Funeral Home	Washington, D.			ne.			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02370 CERTIFICATE OF DEATH 02376 ompletely filled in by the funeral ve carbon papers. Pages 1 and event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY MONTGOMERY MARYFAND ecuted within 24 haurs after b CITY OR TOWN (If outside corporate limits r JENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) BETHESDA KENSINGTON d. STREET ADDRESS IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled i SUBURBAN MOSPITAL 10208 GREENFIELD STREET NAME OF Middle 4 DATE Eirst last Month Year Day DECEASED OF DEATH ALAN HOLMES FEBRUARY M. 67 Type or print AGE (n years 6 COLOR OR RACE B. DATE OF BIRTH F UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED TO NEVER MARRIED lost_birthdoy) Dovs and in any WIDOWED DIVORCED 100 USUAL OCCUPAT ON (Give kind of work done 10b. KIND_OF BUSINESS OR 12 CITIZEN OF WHAT please during most of working life, even if retired COUNTRY,? The law requires that the death certificate 16 67 13. FATHER'S NAME burial, crematian, ar removal, 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service CAUSE OF DEATH (Enter only one couse per line of ERVAL BETWEEN burial-transit PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse Health priar ta WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ar use NO certificate 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (C 'y or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) 21. I certify that (1) (this haspital attended the deceases from TO FUNERAL DIRECTOR: saw the deceased alive on from causes and on the date stated above. 72n. M D PHYS. DIRECTOR PHYS 22c. PHYSICIAN'S 22d ADDRESS STUART LYDDANE, M.D. NAME (Type) 3066 Q ST.. N.W. 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Suitland. Maryland 24. FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE SONS DATE FEB

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02378 02372 CERTIFICATE OF DEATH and 2 law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) o. COUNTY Montgomerx c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside combrate I mits. OWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Silver Spring 4027 Bethesda d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS 4705 Chestnut TOME □ NO 🗷 3. NAME OF 4. DATE Yeor DECEASED (Type or print) OF DEATH PENN & EBRUARY JOSEPH HUNT 19 6 IF LINDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE 'n yeors IF LINDER I YEAR 7. MARRIED NEVER MARRIED thdoy) MALE Octaber 3 WHITE WIDOWED 10b. KIND OF BUSINESS OR 2 CIT ZEN OF WHAT 10a US., AL OCCUPATION (Give kind of work done 1) BIRTHPLACE (County & State, or foreign country) COUNTRY? USA during most of working life, even if retired NORTH CAROLINA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME dester 4705 Offestnut St. 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give wor or dotes of service) Bethesda, Maryland NotVE Joseph Hunt 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) NTERVAL BETWEEN burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: PSZY DOMENA BACKE RIEMIA IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove FEW MONTHS. rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been BRAIN PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? YES 🗀 NO X 草 20o. ACCIDENT WAS UNDERLYING [2] 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While 2). I certify that (!) (this haspital) attended the deceased from July 1 saw the deceased alive an Jelman 1967, and that death accurred at , 19 65, ta Jehnway 18, 19 67, that (1) (we) last _M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) GEGR GIA 10 101 23o. BURIAL, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) Burial - transit 2-20-67 Oxford. No. Carolina Elmwood Cemetery 250. RECD BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 PUMPHREY, Bethesda, Maryland DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, 11 institution; Residence before admission) a. COUNTY b. COUNTY the figes 1 after Montgomery Maryland MARYLAND Anne Arundel b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by bon papers. Page within 72 hours a by Page hours write RURAL and give nearest town) Bethesda 14 Days Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 24 The Clinical Center, Bethesda, Md. 20014 206 First Street, Greenwood Acres 15 NO X etely . within 3. NAME OF DECEASED First DATE Year OF DEATH event. comple ve carl Patricia Ann Ingle (Type or print) 1967 February executed 6. COLOR OR RACE | 7. MARRIED and con 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) | Months | Days Female White 21 May 1952 WIOOWED DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) STEP during most of working life, even if retired)
Student INDUSTRY Public USA Maryland Schools death certificate ding phy Then pr removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME this certificate has been signed by the attending detached for use as the burial-transit permit. Then e Dept. of Health prior to burial, cremation, or remov Henry R. Ingle Patricia H. Lusby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records. (Yes, no, or unkown) (If yes give war or dates of service) No The Clinical Center, Bethesda, Maryland 2001/ None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH DEATH WAS CAUSED BY: Days the hospital or attending physician. Pneumonia IMMEDIATE CAUSE (a). DHE TO Septicemia (organism unknown) Days Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the Years underlying cause last.) (c) Acute Lymphocytic Leukemia
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) FICATION WAS AUTOPSY 19. PERFORMED? NO F YES X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20a. ACCIDENT WAS UNDERLYING CERT OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. Not While After at work at work p.m. Page 4 may be retained to FUNERAL DIRECTOR: Aff director, page 3 should be should be filed with the Si retained 21. I certify that (It (this hospital) attended the deceased from 20 January, 1967, to 3 February 1967, that II) (we) last saw the deceased alive on. February 19 67, and that death occurred at 2:05M, from the causes and on the date stated above. STGNATURE 22b. DATE SIGNED OR J MED. 2/3/67 <u>-M</u> DIRECTOR PHYS. M.D. TO HOSPITAL ADDRESS The 22C. PHYSICIAN'S Clinical Center, National NAME (Type) Ronald A. Yankee of Health, Bethesda 14, Md. -23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION REMOVAL (Specify) .Lincoln Cemetery y Bladensburg, Mde REC'D BY REGISTRAR'S SIGNATURE 2/6/67 Burial 24. FUNERAL DIRECTOR 25a. 4 196 VR A15 (4) DATE Ritchie Bros. Upper Marlboro, Md. 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02380 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death on papers. Pages I and ; within 72 haurs after death funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY o. STATE b. COUNTY monT90 MARYLAND b CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 16 (If outside comprote limits, write RURAL and give negres) tawn) write RURAL and give negrest town) Caboc. .≘ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RES DENCE filled i ON A FARM? YES NO NAME OF Middle carbon Last DATE Month Yeor DECEASED (Type or print) DEATH 10 19 6 mave can KSOK 5 SEX 6 COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED AGE (In years lost pirthday) Months Dovs Hours Negro WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) burial, crematian, ar removal, and in physician a during most of working life, even if retired) INDUSTRY COUNTRY? MonT. MAINTANCE 11.5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phys Ami WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (at: (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove (6) rise to immediate couse (a), DUE TO stoting the underlying couse the State Dept. of Health priar to lost. SD WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? YES [NO TO FUNERAL DIRECTOR: After this certificate PHYSICIAN: ğ 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Crty or town) (County) (Stote) Hour om. foctory, street, office bldg, etc.) While Not White O HOSPITAL OR ATTENDING of work ot work L ta2 - 10 1962, that (I) (we) last 21 1 certify that (1) (this haspital) attended, the deceased from 1966 director, page 3 shauld should be filed with the and that death accurred at A28 M, from causes and an the date stated above saw the deceased alive and 22o. SIGNATURE DATE SIGNED **ATTENDING** DIRECTOR M D PHYS PHYS 22d 22c PHYSICIAN'S ADDRESS NAME (Type) DATE THEREOF 230 OF CEMETERY OR CREMATORY 23g__BJRIAL, CREMATION 23b 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) 250. REC D BY REGISTRAR 25b REG STRAR S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 Charles



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02381 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institut on; Residence before admission)

o. STATE VIPSIMIA

b. COUNTY 1. PLACE OF DEATH p. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND NT NEWS TREES TO THE TENERS TO THE Prince William the attending physician and campletely filled in by the t sit permit. Then please remave carbon papers. Pages CLENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 16 Days KodencoleXX Quantico Bethesda(rural d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS 4014-A.Marine Corps Schools U.S.Naval Hospital YES NO X 4 DATE 3. NAME OF Middle Lost Year DECEASED (Type or print) Feb HUNDER I YEAR 67 John Willis Jones DEATH B. DATE OF BIRTH AGE (in years IF UNDER 24 HRS. 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED remave last birthday) Months Dovs May 1,1928 n any WIDOWED DIVORCED Male Cauc 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY or remayal, and i Mississippi 14. MOTHER'S MAIDEN NAME 33. FATHER'S NAME Willie Pullen Robert Oliver Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Qtrs.4014-Addressarine Corps (Yes, no, or unknown) (If yes give wor or dotes of service) Dorothy G.Jones Schools, Quantico, Va 6539 INTERVAL BETWEEN CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Irreversible Brain Edema IMMEDIATE CAUSE (o) Approx DUE TO Metastatic Malignant Melanoma To Brain 6Months Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the priar tal TO FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health CERTIFICATION NO X jo 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached for the period of the (IF EITHER, NOTIFY MEDICAL EXAMINER (County) 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg , etc.) Not While of work ot work 19 67, to Feb. 17 21. I certify that (1) (this haspital) attended the deceased from Feb. 1. ____ 19_67, that (I) (we) last saw the deceased alive on Feb.17 1967, and that death accurred a 6:02AM, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE MED DIRECTOR STAFF PHYS. Feb.17,1967 M.D. 22d ADDRESS 22c. PHYSICIAN S Navah Hospital, Bethesda, Md. Francis E.Senn Jr. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230 BURIAL CREMATION 23b. DATE THEREOF BUK IAL Va. Arlington, Arlington National 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ADDRESS Mash D.C. 1400 Chapin liarles VR A15 (4) 20 M 1/66



DIVISION OF, VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02382 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if institution Residence before admission), o. COUNTY TROMERY Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Tak oma Park c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 6 days Morningside d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? Washington Sanitarium and Hospita 16324 Suitland Road NO 35 3 NAME OF DECEASED (Type or print) Middle Lost 28 Month OF DEATH John Alovsius Joyce 1967 5 SEX 7 MARRIED DE B. DATE OF BIRTH AGE (n years IF UNDER 1 YEAR IF JNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED last birthday) 2-18-1895 White WIDOWED DIVORCED rem male 10b KIND OF BUSINESS OR RETITENT BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT COUNTRY? Ohio Americad rederal Government Employee 14. MOTHER'S MAIDEN NAME John Joyce Katherine Keneavy WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (11 yes give wor or dotes of service) Patient's chart Navv 1B. CAUSE OF DEATH (Enter on y one cause per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or attending physician. DUE TO Canditians, if ony, which gove rise to immed ofe cause (o), DUE TO stoting the underlying couse be detached for use as the State Dept. of Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS PERFORMED? NO SE 20b. DESCRIBE HOW INJURY OCCURRED (Enter notyce of injury in Port I Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING ET CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De PLACE OF INJRY (Home, form (City or fown) (Stote) O FUNERAL DIRECTOR: After this Nat While foctory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased from 2 - 22 , 1967, ta 2 - 2 , 1967 that (1) (we) last saw the deceased alive on 227 1967, and that death accurred at 400 AM, from causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) BurlaI-transit 2-28-67 Calvary Cemetery Youngstown, Ohio 2So. REC D BY REGISTRAR 24. FUNERAL DIRECTOR A. PUMPHREY, Bethesda, Maryland VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02383 requires that the death certificate be executed within 24 hours ofter death or cion and completely filled in by the funeral ease remove carbon papers. Pages 1 and agd in ony event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) PLACE OF DEATH a. COUNTY o STATE 6 COUNTY ONDOMER C LENGTH OF STAY IN 16 c (ITY OR TOWN (If autside dorparate limits, write RURAL and give nearest) town) b CITY OR TOWN (If autside carporate limits, write RURAL and give neotest town IS RESIDENCE d NAME OF HOSPITAL INSTITUTION (If hat in haspital) give street address) d STREET ADDRESS ON A FARM? (d) NO -YES NAME OF First Middle Last Year OF DECEASED a X 19 DEATH (Type or print) AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE SEX 7. MARRIED NEVER MARRIED birthday) Months Days Hours WIDOWED DIVORCED 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY the attending physicion sit permit. Then please USSIA a.i OHZ RPC 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremotian, or removal, Balea Shalom 17. INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dotes of service 577-09-9920 INTERVAL BETWEEN CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c) signed by the burial-tronsit p ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-tran DUE TO Conditions, if any, which gove (6) rise to immediate couse (o). DUE TO stating the underlying couse be detached for use os the State Dept. of Health prior to lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (State) 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Manth, Doy, Year 20d, INJURY OCCURRED foctory, street, affice bldg., etc.) Hour o.m. Nat While 19 of work at wark 1966, to 1965, that (I) (we) lost 21. I certify that (I) (this haspital) attended the deceased from Teles heh should ! ed with the 1967, and that death occurred at 1036PM, from causes and on the date stated above Fels saw the deceased alive on 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** DIRECTOR director, page should be filed ADDRESS 848 22c. PHYSICIAN'S 22d. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE THEREOF (County) 230, BURIAL, CREMATION REMOVAL (Specify) MD. ISRAEL 3LRIAL FUNERAL DIRECTOR
REVARD DANZANSKY 25g REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE YSONS-LUASHINGTON-196 VR A15 (4) 20 M 1/66



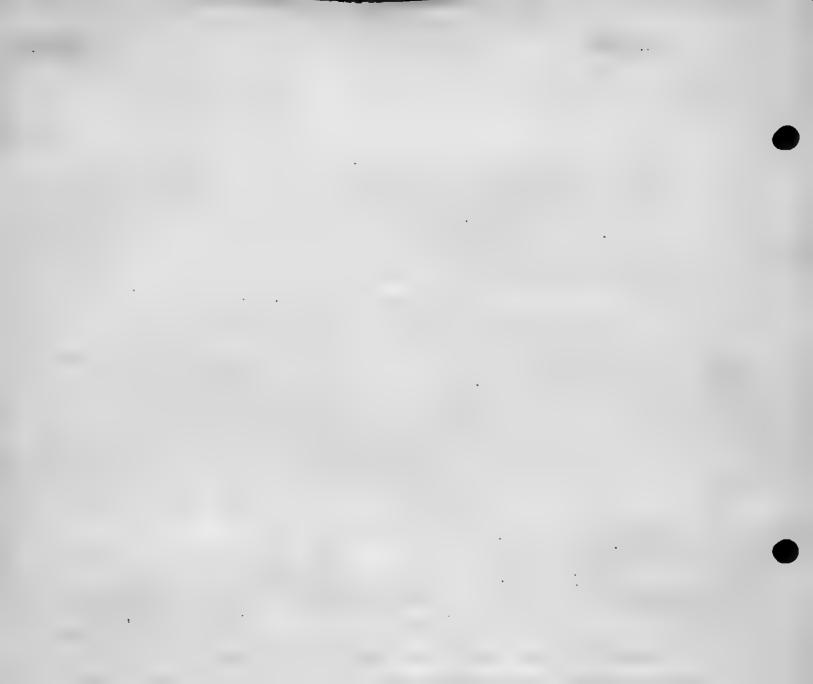
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DFATH ond 2 requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remove carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission). o. COUNTY a. STATE MARYLAND CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) papers Pag hin 72 hours (write RURAL and give nearest town) Spring Silver d STREET ADDRESS e. IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in bosoital give street address) chick saw NUrsing & ('ani). YES 🗔 NO X NAME OF Middle Lost Month Year Day DECEASED repruum 6 19 (Type or print) DEATH S SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (n veors IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdov) Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) eose COUNTRY? -000 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNICNOWN 100 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO 1118 Address (CK-19 51942)DC (Yes, no, or unknown) (If yes give wor or dates of service) ASHLEYS, FISMA TILVERSPRING, MO INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line (a), (b) and (c).) buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 4200 DHE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO M YES ٥ 200 ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour am. factory, street, affice bldg.etc.) of work 21. I certify that (I) (Nas haspital) attended the deceased fram 1967, and that death accurred at ROAM, from causes and an the date stated above saw the deceased alive on 22o, SIGNATURE 22b. DATE SIGNED director, page 3 should be filed a M.D. -DIRECTOR 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION (State) REMOVAL (Specify)) ASHINGTON 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) DATE III0 M 1/66 FINK-12AL



7- 16	IX	tems 18&21 Film 387 4-7-MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	X	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12385 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEC	DT	Decree of the second se	_
lay is 13 to Page ent of	년. 도	1 PLACE OF DEATH COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a STATE MARYLAND D. C.	
delay and 3 M3 Pa	dea	b C TY OR TOWN of autside corporate mits, c ENGTH OF STAY IN 1b c C TY OR TOWN (if autside carparate imits write RURA, and give nearest town)	_
f cry delay 1, 2, and 3 m PM3 Pa Department	after death	Takoma Fark 9hrs Washington - N.W.	
9 P P P P P P P P P P P P P P P P P P P	, a	A NAME OF HOSPITAL OR ASSISTED IN 11 to the bost of more steet address) as TREET ADDRESS.	_
Tes fair	חמנו //	Washington San, and Hosp. 4414 35th ST. N. W. YES NO	
Page With With	72	3 NAME OF First Middle Last 4 DATE Manth Day Year DECEASED OF	
after death 18. Give Pages along with far with the State	Ę.	(Type or print) Horr Dames Kearney DEATH Feb 19 19 6	7
rs after deatl 18. Give Page e alang with 2 with the Ste	† wrt	S SEX 6 CO.OR OR RACE 7 MARRIED NEVER MARRIED 8 B DATE OF BIRTH 9 AGE (In years IF JADER 1 YEAR F UNDER 24 M last birthday) Manths Days Hours M	
nours rep. 1. Office and 2	event	10 C A OCCUPATION TO A Law of which have been a long with the control of the cont	_
11 5- 2 -		Retired accountant Navy Debt- DC.	
thundan miner in pages	, E	13 FATHER'S NAME	
with n pen Exam	703	James Kearney Eva Behrens	
it in it.		15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address	
executed nding" ii Medical permit.	Javo	Navy 374-60-6655 Hospital Record	
s ex send f M	ren	IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) PART I DEATH WAS CAUSED BY Cardiorespiratory failure due to INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH	
should be e ne ward "per o the Chief I burral-transit	, 0,	IMMEDIATE CAUSE (a) Call thores privately latitude due to	_
war war the	tian	Conditions, if only, which gave) (b) intracranial hemorrhage and	
This certificate shauld be executed within icate, writing the ward "pending" in pencipe farwarded to the Chief Medical Examin the Used as a burial-transit permit. File pa	crematian, ar remaval,	nse to immediate couse (a), DUE TO	
ing ded des	۱, در	lost (c) monocytic leukemia	
certing with any and arwan	burial,	PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?	
his cate, ate, e fai	to b	₹ YES X NO	
MINER: This certificate shauld be executed withing the certificate, writing the ward "pending" in pencil 4 shauld be farwarded to the Chief Medical Examined in files. In files 3 should be used as a burial-transit permit. File page	Health or its designated agent, prior	PERFORMED? YES NO 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) PRIMARY Clar CONTRIBUTING Clause of DEATH	
VINER In Cer shoul files 3 shou	ent,	20c T ME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, Hour g.m. While Mot While factory, street, affice hilds, etc.)	j
AL EXAMINER: execute the cert in. Page 4 shauld I far your files TOR: Page 3 shou	go	pm 19 at work at wark	
AL EXA execute ar. Page If far you	atec	21. I certify that I took charge of the remains described above, held on Autopsy XI. Inspection Inquiry ond in my opin	ilon
the state of the s	sign	deoth resulted from: Notural couses 🗷 Recident 🗋, Suicide 🔲, Hamicide 🔲, Undetermined monner 🗋	
MEDIT please direct direct DIREC	s de	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22. DATE SIGN	IED
ITY Y, F eral be r RAL	ar it	EXAMINED'S DEPLOY MEDICAL EXAMINER OF 110 / 10 / 10	
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page	五 2	NAME (Type) /3/= / Dec (/ / / / / / / / / / Addres // Shell (style bounty) / / / / / / / / / / / / / / / / / / /	
To D	Нес	23a BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMPTERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)	
		Burial 2-22-1967 Mt. Olivet Cemetery Washington D.C. 24 FUNERAL DIRECTOR ADDRESS, 5130 Wisc J 250 RECID BY REGISTRAR 256 REGISTRAR'S SIGNATURE	
VR A15ME 6M 1/60	E (5)	Joseph Gawler's Sons, Inc. Wash. Dc. DATEB 24 1967 Thomas Judge	



STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence perore 1. PLACE OF DEATH e. COUNTY tely filled in by the facts. Pages 1 and 2 shours after death. MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside corporete limits, write RURAL end give nearest lowwrite RJRAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? completely carbon papers. YES NO 3. NAME OF DATE Dev Yeer DECEASED OF (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE AGE (In yours) IF UNDER 1 YEAR IF UNDER 24 HRS and 8. DATE OF BIRTH NEVER MARRIED T lest birthday) event, Months Devs physician remove 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired? HEF please Ē 13. FATHER'S NAME attending 14. MOTHER'S MAIDEN NAME and Then removal. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) ((fives give we ror detes of service) permit. 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c). signed by INTERVAL BETWEEN Ö ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (e) buríal-fransit aftending DUE TO has been Conditions, if eny, which gave rise to immediate cause the bur burial, DUE TO (e), steting the underlying PHYSICIAN: the hospital or ceuse lest certificate PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH as 0 CERTIFICATION THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? esn prior 0 NO for 2Da. ACCIDENT WAS UNDERLYING OR CONTR BUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of Item 18.) After this of Health detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) Not While fectory, streat, office bidg., etc.) While Hour e.m. DIRECTOR: Dept. at work at work p.m. þ 19.4.3 ./...8..., 19 (7./, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... phods State | ..., and that death occurred at AM, from the causes and on the date stated above. may 22a SIGNATURE DATE SIGNED ATTENDING MED. TO HOSPITAL FUNERAL with It DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S TO FUNE director, g NAME (Type) 23e. BURIAL, CREMATION, 23b. CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Slefe) 25a, REC'D BY REGISTRAR FUNERAL DIRECTOR'S SIGNATURE 256. REGISTRAR'S SIGNATURE DATE VR A15 (4) 2DM 5-63

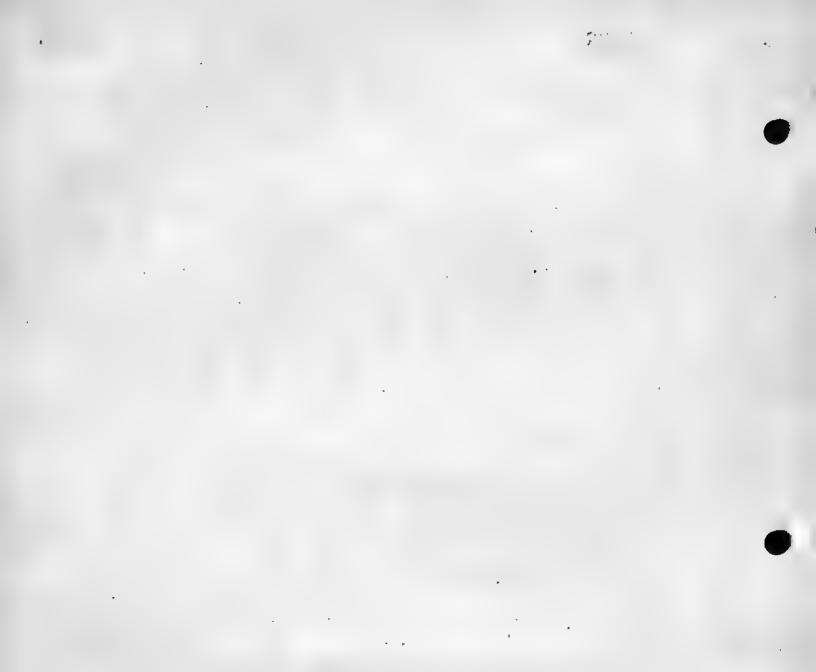


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02387 and 2 requires that the death centificals be executed within 24 haurs after death and campletely filled in by the funeral remave carbon papers. Pages 1 and 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY n. STATE Montgomery Montgomery Maryland MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 remave carbon papers. Pag nany event, within 72 haurs Rural -Rural- Lewisdale Lewisdale e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES DE NO RFD # 1. Monrovia R.F.D. # 1. Monrovia NAME OF DATE Lost Dov Year DECEASED (Type or print) 19 67 Earl V. DEATH Feb. King 9. AGE (in years IF JNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Manths Dovs Hours July 24. 1904 WIDOWED DIVORCED Male White IDo USUA, OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) please COUNTRY? **INDUSTRY** the attending physician sit permit. Then please Purdum, Md.

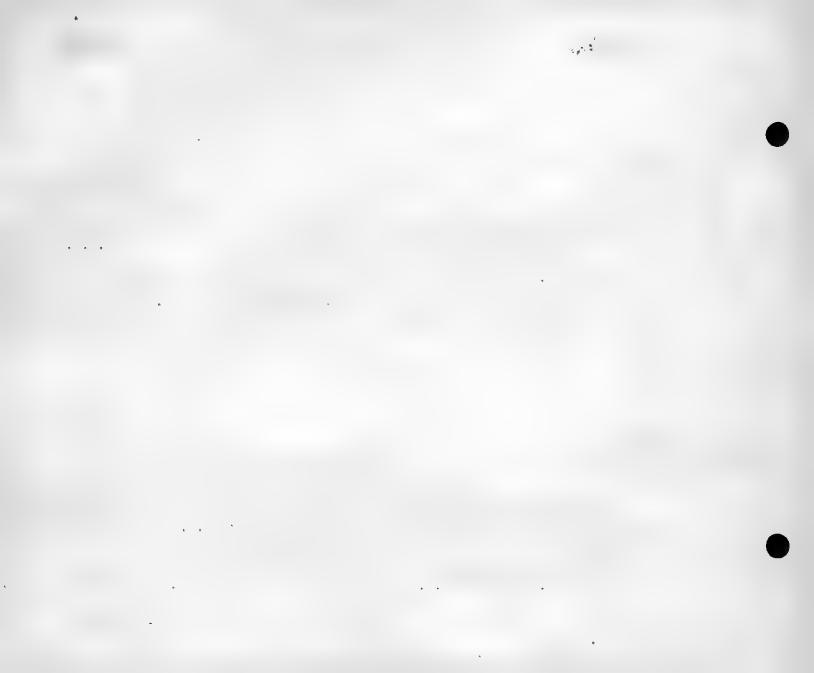
14. MOTHER'S MAIDEN NAME Farmer Own farm TISA 13. FATHER'S NAME ar remaval, Pearl King Alice Price 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor ar dotes of service) 219-36-4354 Mrs Betty Mae Barton. Monrovia, Md. INTERNAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per ling-far (a), (b), and (c).) burial-transit PART ! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if ony, which gave (b) rise to immediate couse (o), DHE TO stating the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS PERFORMED? far use NO 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I at Part II af item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20s TIME OF INJURY Manth, Doy, Year foctory, street, office bldg, etc.) Nat While of work OR ATTENDING at wark 21. I certify that (I) (this haspital) attended the deceased from 1 15 , 1945, to 7/23 , 1947, that (I) (iii) last saw the deceased alive an 2 19 , and that death accurred at 5.30 Mp from causes and an the date stated above. Page 4 may be retained 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D PHYS. DIRECTOR PHYS. 22d. ADDRESS PHYSICIAN'S directar, po shauld be f NAME (Type) James P. Kerr, M.D. Damascus, Md. 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Mt. View Purdum. Md. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Olin L. Molesworth, Damascus. Md. FEB



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
ENE	02388 CERTIFICATE OF DEATH 02381					
after death. The funeral ges 1 and 2; after death.	1. PLACE OF DEATH a. COUNTY Montgomery Maryland 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE (b. COUNTY MARYLAND () THE FORMAL COUNTY					
Pay Pay	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington					
vithin 24 hor etely filted in the papers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Carrol Hall Sanitarium Coshungton Coshungton					
completely ve carbon, with	3. NAME OF DECEASED (Type or print) CLAREACE Thrall KINGS BURY DEATH (TEBROAPI) 20 1967					
executed within and completely remove carpana	5. SEX . 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR FUNDER 24 HR. last birthday) Months Days Hours Min.					
te be ysician please , and ii	106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	Arthur P. Kingsbury Carrie L. Thrall					
hat the death certifica clan. ed by the attending ph transit permit. Then , cremation, or removal	15. WAS DECEASED EVER IN U.S. ARMEN FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes plue war or dates of service) Mrs. Bessie ALL 15 on Chewickase. 111d.					
t the dann. In. by the ansit por	18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TERIC SCLERUTIC HEART DISEASE INTERVAL BETWEEN ONSET AND DEATH					
The law requires that the contact and a stending physician. Sate has been signed by the lase as the burial-transit alth prior to burial, cremating the contact and the contact	Conditions, If any, which OUE TO ESSENTIAL HYPERTENSION					
	cause (a), stating the underlying cause last, (c) GENERALIZED ARTERIOSCLEROSIS					
The law or atten cate has r use as ealth pric	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING TO CAUSE OF DEATH (10 CAUSE OF DEATH (10 CAUSE OF DEATH (10 EITHER, NOTIFY MEDICAL EXAMINER) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING TO CAUSE OF DEATH (10 CAUSE OF DEATH (10 EITHER, NOTIFY MEDICAL EXAMINER)					
PHYSICIAN: The I the hospital or al this certificate detached for use e Dept. of Health						
to PHYS by the I ter this be detac	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.					
OR ATTENDING be retained by IRECTOR: After ge 3 should be	21. I certify that (I) (this hospital) attended the deceased from JUNE 28, 1966, to FEB 20, 1967, that (I) (we) last saw the deceased alive on FEB 20, 1967, and that death occurred at 8 42M, from the causes and on the date stated above					
y be re DIRECT B	22a. SIGNATURE M.O. ATTENDING MED. STAFF PHYS. FFB. 29, 1967					
PAGE A MATTENDING PHYSI Page 4 may be retained by the his TO FUNERAL DIRECTOR. After this director, page 3 should be detact should be filed with the State Dep	22c. PHYSICIAN'S NAME (Type) HENRY M. LOWDEN 22d. ADDRESS 5206 NOR WAY CHEUY CHASE, LIG					
TO He Pag TO Fu dire	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) burial 2-25-67 Coventry Town Cemetery Rockville, Connecticut					
VR A15 (4) 15M 4-64	24. FÜNERAL DIRECTOR ROBERT A. PUMPHREY BETHESDA, MARYLAND 250. REGISTRAR'S SIGNATURE DAFEEB 2 4 1967					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02389 02382 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MONTGOMERY within 72 hours after MARYLAND MARYLAND MONTGOMERY requires that the deoth certificate be executed within 24 hours often b CITY OR TOWN (If autside corporate limits, CLENGTH OF STAY IN 16 c CITY OR IOWN (If autside carparate timits, write RURA), and give negrest town) write RURAL and give nearest town) 8 DAYS DLNEY SILVER SPRING _= d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? filled YES NO SHERVIEW LANE MONTGOMERY GENERAL HOSPITAL NAME OF First Middle DATE Marth Day remove carbon Last Year DECEASED (Type or print) 1967 CARSON NATHANIEL KIRK FEBRUARY 14 DEATH IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED XX 8 DATE OF BIRTH AGE (In years IF JNDER 1 YEAR NEVER MARRIED last birthday) Months Days Haurs 2/9/2 WIDOWED DIVORCED 46 48 yrs. WHITE MALE and 10a USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY HORSE BREEDER SELF EMPLOYED VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, BERTHA XXXXXXX Aldridge THOMAS W. KIRK 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war ar dates af service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) 2111 DUE TO Conditions, if any, which gave nse to immediate cause (o), DUF TO stating the underlying cause 101 Luis last PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELACED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [10] WAS AUTOPSY PERFORMED? NO X 20g. ACCIDENT WAS UNDERLYING [1] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or fown) (County) (State) Haur a.m factory, street, office bldg., etc.) Not While at work at wark 21 | certify that (1) (this haspital) attended the deceased fram 2 - 6 - 6 7, 19 _____, ta______2__/4/, 19 <u>6</u> //, that (1) (we) last saw the deceased alive an -7:6:14 19 61, and that death accurred at 7:40M. from causes and an the date stated above. O FUNERAL DIRECTOR: 22g SIGNATURE 22b DATE SIGNED **ATTENDING** director, page 3 should be filed v DIRECTOR Wo maca M.D 22c. PHYSICIAN'S 22d. ADDRESS O HOSPITAL NAME (Type) SANDY SPRINGS MED. CENTER, SANDY SPRGS. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL CREMATION. (State) (County) REMOVAL (Specify) Colesville Cemetery Colesville. Maryland 250 REC D BY REGISTRAR Er 8434 Georgia Ave. 2Sb REGISTRAR S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02390 MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o STATE b. COUNTY delay is and 3 ta Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits CLIENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Kensinaton e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Office along with form Wood 00 NO IX Item 18. Give Pages be executed within 24 hours after death NAME OF Eirst Middle 4 DATE Month Yenr DECEASED OF 1961 (Type or pnnt) DEATH IF UNDER IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years Months lost birthdov) Dovs 72 hours after death. DIVORCED WIDOWED 100. USUAL OCCUPATION (Give kind of work-done during most of working life, even if retired, 100 grading INDUSTI 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 01210 16 SOCIAL SECURITY NO 17 INFORMANT Edgewood Road Chief Medical permi pending" within 395-10-1526 Korean 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART DEATH WAS CAUSED BY event IMMEDIATE CAUSE (a) This certificate should writing the word 4261 DHE TO the (any Carolio Vascutor. Discose-Conditions, Long, which gave) nse to immediate couse (o), farwarded to .⊑ DUE TO stating the underlying couse last. be used 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removal, the certificate, NO X shavid be 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW N.URY OCCURRED (Enter nature of injury in Port I or Port II of term 18) 3 shauld Б PRIMARY Or CONTRIBUTING CAUSE OF DEATH crematian, MEDICAL 2Dd INJURY OCCURRED 20e PLACE OF NJURY (Home, form, (City or town) (County) 20c T.ME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While ot work Inspect on V. Inquiry X 21. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Notural couses K the funeral directar. deoth resulted from. Accident . Suicide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health prior FUNERAL DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) NAME (Type) 230 BUR AL, CREMAT ON, DATE THEREOF 23d LOCATION (City or Town) (County) 0 BREMOVAL (Specify) Arlington Nat'l Cemetery 6 1967 250 RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15ME (5) DATE 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OFPC Film # 02391 CERTIFICATE funeral 1 and 2 ter death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY b COUNTY east sernove carban papers. Pages 1 and in any event, within 72 haurs after gomer MARYLAND executed within 24 haurs after C LENGTH OF STAY IN 16 b (ITY OR TOWN (If autobe corporate imits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give bearest trawn 1379 IS RESIDENCE ON A FARM? .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, dive street address) d. STREET ADDRESS filled i NO X YES 3. NAME OF DATE Middle First Last Manth Day Year ampletely (Type or print) DEATH 196 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR\RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED last birthday) Manths Days Haurs WIDOWED DIVORCED 5 YES 10a USUAL OCCUPAT ON (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Country & State, or fore an country) 12 CITIZEN OF WHAT requires that the death certificate be during most of working life, even if retired) INDUSTRY eds LARY VISC attending physicial permit. Then plea 13 FATHER S NAME MOTHER'S MA DEN NAME ar remayal, 10 V E 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI (Yes, no, or unknown) (If yes give wor or dates of service UNKINOWN crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit p burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause detached for use as the te Dept. af Health prior ta has been last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO this certificate 20g ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item IB) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF NJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, office bldg , etc.) While hat While at wark at work IO FUNERAL DIRECTOR: After 19 60 to Farman 8, 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram and be retained saw the deceased alive an Filthery > 1967, and that death accurred at 205 M, from causes and an the date stated above. 22a. SIGNATURI 22b DATE SIGNED ATTENDING TO HOSPITAL OR I telouaxy 8 PHYS M.D PHYS DIRECTOR director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 8237 GKOZGI DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 230. BUR AL CREMATION (County) REMOVAL (Specify) FEB 13. 1967 SIERRA RYSUILLE BURIAL 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2Su REC D BY REGISTRAR VR A15 (4) 25M 1/67 W.W. CHAMBERS CO.INC. 1400 CHAPIN ST NW WASHINGTON 9, D.C. DATE



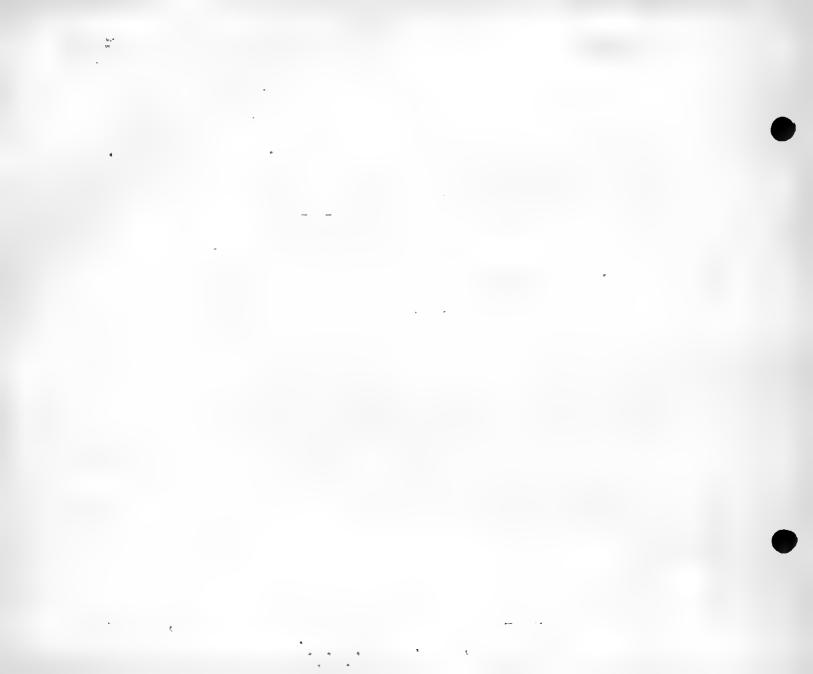


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02393 CERTIFICATE OF DEATH signed by the attending physitian and completely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, crematian, or remaval, and in any event, within 72 haurs after death. executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND limits, write RURAL and give nearest town b CITY OR TOWN (if autside carparate limit: c LENGTH OF STAY IN 16 write RURAL and d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? NO P Middle 3 NAME OF DATE Manth Day Year OF DEATH DECEASED Helen 19 60 DATE OF BIRTH AGE (n years IF UNDER I YEAR JE UNDER 24 HRS. S SEX 6 COLOR OF RACE 7 MARRIED NEVER MARRIED last birthday) Manths Haurs Days WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done during post of working life, even if retigen 2 CY COUNTRY? S. Govt-Retired Penna. tous in ile 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAM (Unknown) 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no. ar unknown) (If yes give war ar dates at service) (Item 2 **578~42-2355** INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ar attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUF TO stating the underlying cause far use as the t Health priar tab has been WAS AUTOPSY PERFORMED? PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES DE NO TO FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) be retained by the haspital 20a ACCIDENT WAS UNDERLYING [detached for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER directar, page 3 shauld be detached shauld be filed with the State Dept MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) Not While 19400 21. I certify that (i) (this haspital) attended the deceased fram. 19 6/7, and that death occurred at M, from causes and on the date stated above. saw the deceased glive on A 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** 团 DIRECTOR M.D. PHYS ADDRESS 22c PHYSICIAN NAME (Type) ARCH L. RIDDICK 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. 23b DATE THEREOF (County) (State) Burral (Specify) Silver Spring, Maryland Gate of Heaven 2-3-67 PUMPHREY, Bethesda, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 FEB



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 and death. 02394 CERTIFICATE OF DEATH the funeral 24 hours ofter death 2. USUAL RESIDENCE (Where deceased lived, if institution-PLACE OF DEATH o. COUNTY b. COUNTY 06 190m and campletely filled in by the fur remave carban papers. Pages 1 pany event, within 72 hours after MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b CITY OR FOWN (If outside compared limits write RURAL and give netwest town) IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS revaree & NO Z erareen within 111) DATE 3. NAME OF First Doy Year OF DEATH DECEASED 1969 requires that the death certificate be executed AGE (In years S SEX 6 COLOR OR RACE NEVER MARRIED DATE OF RIRTH lost pirthday) Months Days Hours DIVORCED WIDOWED gnd 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done BIRTHPLACE (County & State or foreign country) during most of working life, even if refired) OUNTRY? INDUSTRY ONVILLAY N/A 13. FATHER S NAME M- MOTHER'S MAIDEN NAME as the burial-transit permit. Then pl priar ta burial, crematian, ar remaval, ANCES WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SecItem*2 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c).) signed by the burial-transit p ONSEP AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO storing the underlying couse has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) far use director, page 3 shawd be detached far use shauld be filed with the State Dept. of Health YES DO NO Page 4 may be retained by the hospital ar DEUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Fort I or Port II of item 48. OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form. 20d INJURY OCCURRED (City or tow (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) 19 21. I certify that (1) (this hospital) attended the deceased fram. . 19 Ta. to. 1967, and that death accurred at M, from causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE-SIGNED X DIRECTOR PHYS. M.D. 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMAT ON, (County) (Stote) & Bur 181 Cem Arlington ZSb REGISTRAR'S SIGNATURE REC D BY REGISTRAR 24. FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. VR A15 (4) 20 M 1/66

		THE THE PERSON OF THE PERSON O		
4	Division of STATISTICAL	RESEARCH AND RECORDS, 301	W. PRESTON STREET, BALTIMORE, M	ARYLAND 21201
FOR STATE	02395	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	กรรอด
HEALTH DEPT.)	1 PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, f	
258 45	d COUNTY Montgomery	MARYLAND	a STATE Maryland	Montgomery V
efay d 3 . Po . Po deo	b CTY OR TOWN (If autside carparate i mits, write RURAL and give nearest tawn)	c LENGTH OF STAY IN 16	c CITY-OR TOWN (If auts de carparate limits, wi	
2, and 3 to PM3. Page pportment of after death.	Olnev	DOA	Silver Spring	F
Pep aff	d. NAME OF HOSPITAL OR INSTITUTION (It not in he	ospital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
ath If any delay ages 1, 2, and 3 th farm PM3. Pages 1, 2, bours after deat	Montgomery General I	Hospital	3625 S. Leisure Worl	d Blvd. YES NO
Pag Pag uth Sto 72 h	3 NAME OF First	Middle	Last 4. DATE	Manth Day Year
ofter dea S. Give Pa olong with with the St within 72	(Type or print) JONY		Lahman DEATH	2 9 19 67
offer 8. Giv olong with withi		The second secon	B. DATE OF BIRTH 9 AGE (In year of brithe	
hours of them 18 Office of and 2 v event			4-30-1900 66	Yrs.
hours Item 1 Office 1 and 2	10a USUAL OCCUPATION (Give kind of work done during mast of working life, even if refired)	IOB KIND OF BUSINESS OR INDUSTRY	11 BIRTHP_ACE (State or foreign cauntry)	12. C TIZEN OF WHAT COUNTRY?
24 in l er's l es 1 any	during most of working life even if ret red) Retired	Accounting	Franklin Grove, Illin	ois COUNTRY? USA
nim nim	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
M G S S	Clarence Wilford I 15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16 COCIAL SECURITY NO. 17 III	Martha Beery	Address
off,	(Yes, na, ar unknawn) (If yes give war ar dates af servi	(e) 201 OF 30104	dedical Records	Address
ding ding Medi	1B. CAUSE OF DEATH (Enter only one cause per		redical records	INTERVAL BETWEEN
e e e pen pen ef A	PART I DEATH WAS CAUSED BY:	Cardiorespirator	y failure due to	ONSET AND DEATH
Ch Ch	7/. \(\begin{align*} \text{IMMEDIATE CAUSE (a)} \\ \text{DUE TO} align*	Ozi droi copriacoi	J I ALLEAT C GAC CO	
wo wo the the ricel	Conditions, il any, which gave) (b)	synergestic acti	on of alcohol and ba	rhiturates
e sl the to to bu	rise to immediate cause (a), DUE TO	614747 F F F F F F F F F F F F F F F F F F	X.A. X.A. X.A. Y.A. Y.A. Y.A. Y.A.	
ing ded	last (c)			
INER: This certificate should be executed within 24 hours ofter death. If a should be forworded to the Chef Medical Examiner's Office olong with farm files. 3 should be used as a buriol-transit permit, and prior to burial, cremation, or removal, and prior within 72 hours.	PART II OTHER SIGNIF CANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19 WAS AUTOPSY PERFORMED?
ote, ote, ote for the form to be use for the be use for the bear to be use for the bear the b	200 EXTERNAL CAUSE WAS PRIMARY 25 or CONTRIBUTING CAUSE OF DEATH 200 TIME OF INJURY Month, Day, Year 1: OCHOL XXX 2-9 167			YES NO
LEDICAL EXAMINER: This description of the certificate, irector. Page 4 should be founded for your files.	₹ 20g EXTERNAL CAUSE WAS PRIMARY Ø or CONTRIBUTING ☐	20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in any in Port I or Part II of item lcoholic beverage af edication	ter taking
INER: To certifice should be files. 3 should lent, prior	CALSE OF DEATH	a barbiturate m	edication	001 00111111
MIN the 4 sh ur fill fill fill fill fill fill fill fil	20c TIME OF INJURY Manth, Day, Year 1:00 Hour KMK 2-9 167		E OF INJURY (Hame, Tarm, 1201 (City or to the street affice bldg , etc.)	wn) (County) (State)
L EXA	- bw - 18 t		27	Montg. Md.
VL E Xecu Pa for OR: I	21. I certify that I taak charge of t			Inquiry X, and in my opinion
sign Sign	deoth resulted from: Natural cau	ises , Accident x. Suici		ed manner
MED- pleose directs directs retaine ts design	ACTUAL COLONIA	11/1/6 h	CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER	22. DATE SIGNED
TY M y, ple rol di Al D	SIGNATURE / XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1 / / /	DEPUTY MEDICAL EXAMINER	TOOR
necessary, please execute the certite funeral director. Page 4 should 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should Health or its designated agent, pri	EXAMINER'S TO EACH OF A	K, KETAP	Addres (Steem Zoly Hown, or county)	Jet 27, 1967
O DI nece the 1	23g BURIAL, (REMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR C		or Town) (Codnty) (State)
7 - 1,2	REMOVAL (Specify) 2-11-19			Illinois
VR A15ME (5)	Joseph awler's Son	s. Inc. Ave.		Sb REGISTRAR'S SIGNATURE
6M 1/66	ongehit water 2 -01	s, Inc. Ave.	CW - DATE FEB 1 4 196	1 5 77 77



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02389 CERTIFICATE OF DEATH 02396 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution Residence before admission) burial-transit permit. Then please remave caracti papers. Pages I am burial, cremation, ar remaval, and in any event, within 72 hours after dec **b** (QUNTY o STATE MARYLAND Z LENGTH OF STAY IN 15 c CITY OR-TQWN (If outside carparate lymits, write RURAL and give nearest tawn) autside eerparafe OSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO IX within 3 NAME OF Middle DATE Day etely DECEASED OF (Type or print) DEATH requires that the death certificate be executed IF UNDER 24 HRS. S SEX AGE (In years 6 COLOR OR RACE NEVER MARRIED COLL birthday) Months Days Haurs WIDOWED DIVORCED 10a USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician a during-most of working life, even of retired). INDUSTRY t COUNTRY? FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, na, ary nknown) i(If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per one far (a), (b), and (c).) signed by the burial-transit p ONSEL AND DEATH PART I. DEATH WAS CAUSED BY LREBRAL IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLEROTIC - HYPERTENSING Conditions, if any which gave rise to immediate cause (a), DUE TO YEARS stating the underlying cause Page 4 may be retained by the haspital ar attending directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta CERERRO-VASCUAAR FUNERAL DIRECTOR: After this certificate has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO YES 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice blda, etc.) at work 3 shauld be 2). I certify that (1) (this hospital) attended the deceased from Service & 1955, 10 503, 9 1967, that (I) (we) last 196-7, and that death accurred at 2:01 PM, from causes and an the date stated above. saw, the deceased alive an EGB 22n / SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. PHYS. PHYS. 22d. ADDRESS 5009 Del Ray Ave. ANGLE NAME (Type) Bethesda, Maryland 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a, BURJAL, CREMATION 2-13-67 Arlington, Virg Arlington Natl Cem. 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland VR A15 (4) Miarlen 1967 20 M 1/66

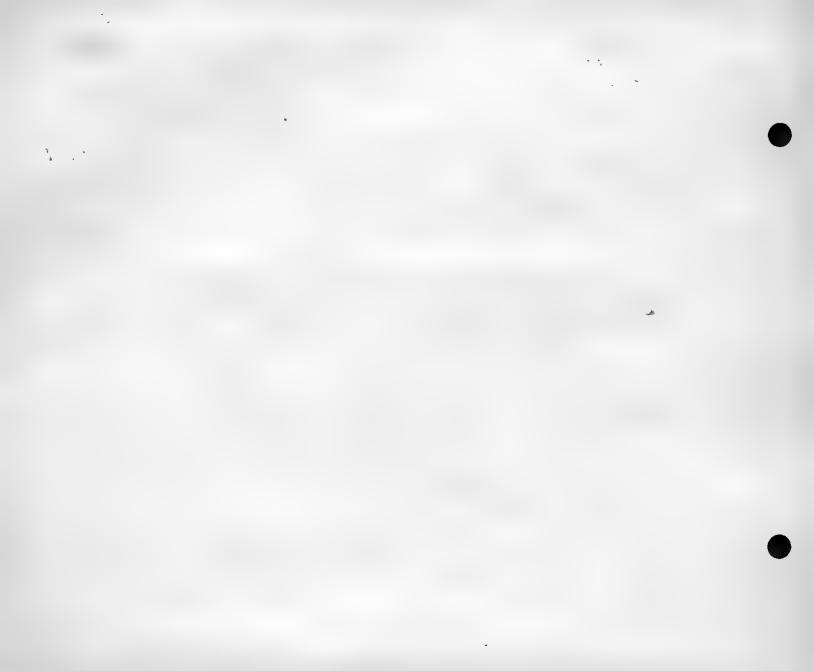


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02397 death OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY b. COUNTY tely filled in by the fune rban papers. Pages 1 a , within 72 hours after d Montgomery Maryland Carroll MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Airv Olney days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B. IS RESIDENCE ON A FARM? Route #2 Montgomery General Hospital YES NO X NAME OF First Middle 4 DATE femave carban Year DECEASED OF DEATH Pauline Layton 21 19 67 Brooxxie (Type or pnn1) 5 SEX IF JNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost birthday) Hours L-16-13 Female White WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) attending physician ar permit. Then please ian, ar remaval, and it during most of working life, even if retired)
Housewife **INDUSTRY** COUNTRY? USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, George Green Margaret Hatfield 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Medical Records Some As INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c) signed by the burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO 16 months Conditions, if ony, which gove rise to immediate cause (a). DUE TO ficate has been s far use as the b f Health priar ta b stating the underlying couse lost. WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO K NONE 2Do ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De PLACE OF INJURY (Home, form 20c TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. ot work TO FUNERAL DIRECTOR: After Mor 1965,10 19 67, that (1) (we) lost 21 1 certify that (1) (this hospital) attended the deceased from tur- 21 director, page a second should be filed with the File 1967, and that death accurred all 2:10 Me from causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b DATE SIGNED STAFF PHYS M.D DIRECTOR 22d ADDRESS PHYS CIAN'S NAME (Type) Chester LeeRoy Wagstaff, M. D. Medical Center, Sandy Spring, Md. 230 BURIAL (REMATION 23c NAME OF CEMETERY OR CHEMIATORY 23d. LOCAT ON (City or Town) 23b DATE THEREOF REMOVAL (Specify) Poplar Springs 2Sb REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR Waltz Sykesville, Md.

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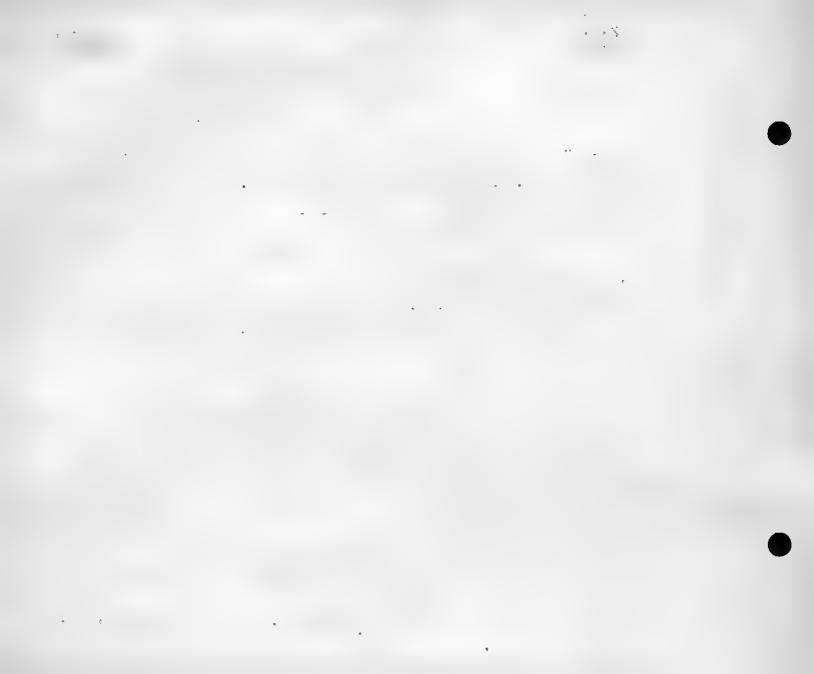
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02398 CERTIFICATE OF DEATH 15331 executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a country o STATE b. COUNTY kigarand completely filled in by the fur lease remove carbon papers. Pages I ond in any event, within 72 hours after MARYLAND b CITY OR TOWN to autside corporate firmits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (IC putside corporate limits, write RURAL and give hearest town) AKOMA TAKoma d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) & STREET ADDRESS IS RES DENCE ON A FARM? NO K NAME OF Lost DATE Day Year DECEASED OF DEATH MMN 19 G 7 (Type or print) S SEX AGE (n years IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED X NEVER MARRIED DATE OF BIRTH last birthday Months Days Haurs WIDOWED DIVORCED 7-20-99 100 USUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life even if retired)

Retired - Balen pleose INDUSTRY COUNTRY? . BRAZI Merica requires that the deoth certifical physic 13 FATHER'S NAME 14. MOTHER'S WA DEN NAME signed by the attending physical burial transit permit. Then plantial, cremation, or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) いい。エ Tial PART I DEATH WAS CAUSED BY INTERVAL BETWEEN (de far (o), (b), and (c).) ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to hos been lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO certificate 200 ACCIDENT WAS JNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Haur a.m. 20d INJURY OCCURRED O FUNERAL DIRECTOR: After this 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (Stole) Nat While factory, street, affice bldg , etc.) at work | at work 21. I certify that (I) (this hospital) attended the deceased from 1967 that (1) (we) lost and that death occurred at? 1967 AM, from couses and saw the deceased alive on, on the date stated above 22a SIGNATURE 22b DATE SIGNED DIRECTOR 22d 22c PHYSICIAN'S ADDRESS NAME (Type) SAMES DATE THEREOF 230 BUR.AL CREMATION OF CEMETERY OR CREMATORY 23d (County) (Stote) REMOVAL (Specify) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 2Sb Charles VR A15 (4) 1967 25M 1/67



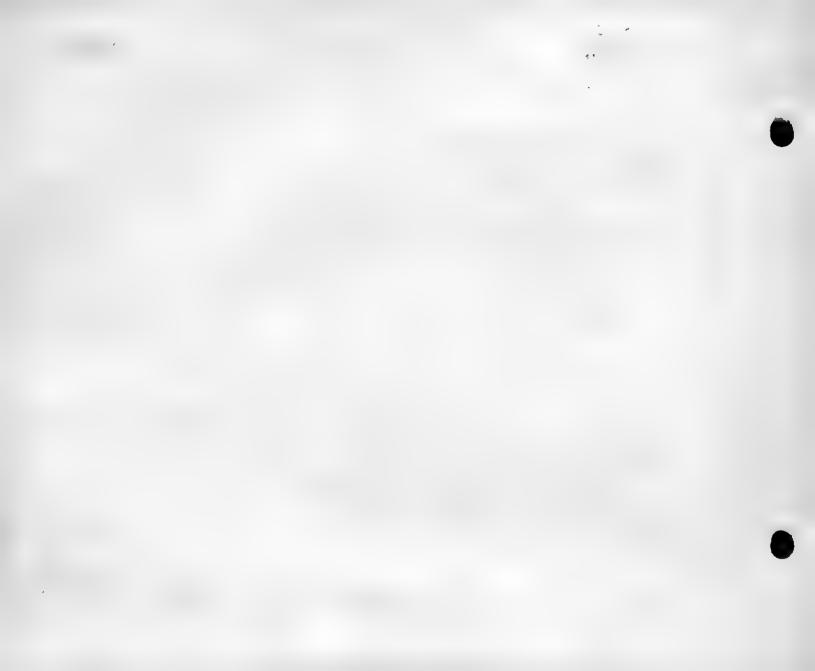
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02399 05335 CERTIFICATE OF DEATH deoth requires that the death certificate be executed within 24 hours after death cley and completely filled in by the funeral lease remove carbon papers. Pages 1 and and in any event, within 72 hours ofter deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE **b.** COUNTY Hont-onerv MARYLAND jashington D.C. b CITY OR TOWN (If outside carparate limits. c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 write RURAL and give nearest town)
Takoma Park 22 days Washington D.C. d. NAME OF HOSPITAL OR INSTITUTION (If ngt in haspital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES NO IS Washington Sanitarium and Hospital 1721 Kearney Street 3. NAME OF 4. DATE Lost Month Yeor DECEASED OF DEATH 67 (Type or print) 19 Harry Adrian Leusenkamp Foliriiary s creat ond compl IFUNDER I YEAR IF JNDER 24 HRS S SEX AGE (In years 6 COLOR OR RACE 7. MARRIED TO B. DATE OF BIRTH **NEVER MARRIED** rast birthday) Days Hours WIDOWED DIVORCED whi te male -1)₁-97 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working ite, even if retired)
Postal Clerk INDUSTRY COUNTRY? Michigan American 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the ottending prays burial-transit permit. Then bl buriol, cremation, or removol, I'r. Garritt Leusenkamp Diena VanDyke IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates at service Patient's chart 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b) PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the hospitol ar ottending physician. DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been etached for use os the Dept. af Health priar to last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? CERTIFICATION 5 NO ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF NJURY Month, Doy, Year (City or town) (County) (Stote) Haur 'a.m. factory, street, office blda., etc.) Not While be de Stote i 19 67 10 21. I certify that (1) (this haspital) attended the deceased from director, page 3 should should be filed with the and that death accurred at 25 M, fram causes and an the date stated above. saw the deceased alive an. 22o SIGNATURE MED DIRECTOR M D Poge 4 moy t 22c PHYSICIAN'S 22d ADDRESS NAME (Type) 23g BURIAL, CREMATION. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Colmar Manor. 25/67 Fort Lincoln Com.
ADDRESS Mt. Rainienes IMG. 250. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Maryland DATE FFB Funeral Home

MARYLAND STATE DEPARTMENT OF HEALTH

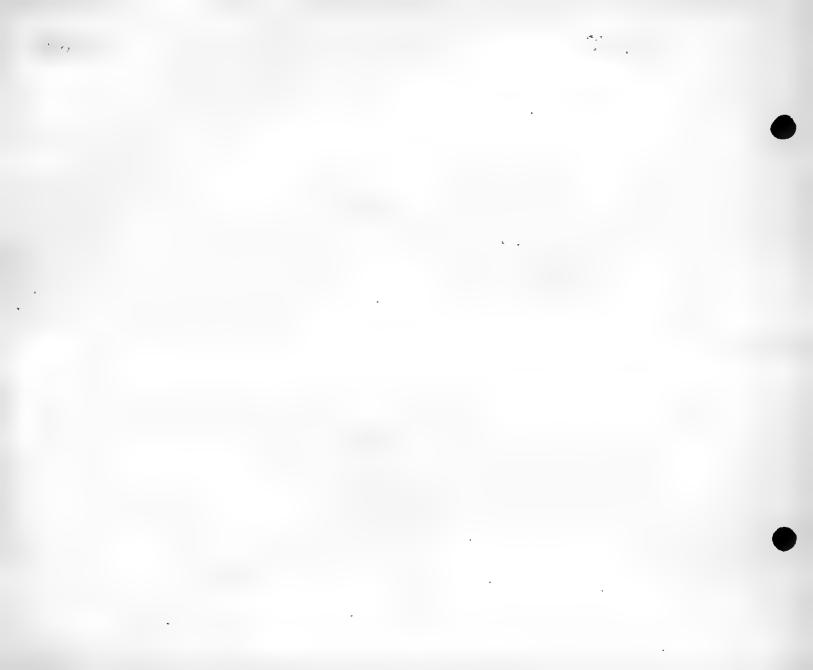


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02400 death. The law requires that the death certificate be executed within 24 haurs after death completely filled in by the funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) n COUNTY o. STATE b. COUNTY Maryland Montgomery MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) 50 days Bethesda Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? The Clinical Center. Bethesda. Md. 20014 2203 Lake Avenue YES NO X 3 NAME OF Middle 4 DATE Last Month DECEASED Leslev McCollough Lewis February (Type or print) DEATH 1967 AGE (n years last birthday) physiciop end complete please complete SEX 6 COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Manths March 13, 1899 White WIDOWED DIVORCED Male 10a US_AL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

Merchant Seaman INDUSTRY COUNTRY? USA Shipping Virginia 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Milton H. Lewis Lucy Callis 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war ar dates af service) 16 SOCIAL SECURITY NO 17. INFORMANT The Medical Recordidress The Clinical Center, Bethesda, Maryland 260-18-7281 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY 8 hours IMMEDIATE CAUSE (a). Suspected Bacterial Sensis DUE TO Conditions, if any, which gove 2 months Pvelonephritis rise ta immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been as the Acute Myelogenous Leukemia 10 months 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use CERTIFICATION YES X NO [jo 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a, ACCIDENT WAS UNDERLYING by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or town) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (Stote) Haur a.m. foctory, street, affice bldg, etc.) Nat While at wark 21. I certify that (A) (this haspital) attended the deceased fram Dec. 30 , 1966, ta Feb. 18 , 1967, that (A) (we) last director, page 3 should should be filed with the Feb. 18. 1967 , and that death accurred at 7:25 M, fram causes and an the date stated above. saw the deceased alive an____ 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS X 19 Feb. 1967 DIRECTOR 22d. ADDRESS The Clinical Center, National Institutes of Health, Bethesda, Md. 22c PHYSICIAN'S NAME (Type) Leonard H. Brubaker, M.D. 23c NAME OF CEMETERY OR COMMISSION 23a. BURIAL, CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE DATE B Charles



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02401 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 ta A3. Page death, Montgomery County
b CITY OR TOWN (If outside corporate I mits, MARYLAND Maryland Department C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURA, and give nearest town) write RURAL and give nearest town) after Silver Spring
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Brandywine d STREET ADDRESS IS RESIDENCE ON A FARM? hours Item 18. Give Pages I, Office along with form ate Holy Cross Hospital YES | NO E. McKay hours ofter death 3. NAME OF M.ddle Lost DATE Month Doy Year DECEASED the (Type or print) DEATH Moody Lewi with WIR SEX AGE (n years IF UNDER 24 HR 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8 DATE OF BIRTH lost_birthdoy) Months Hours WIDOWED DIVORCED CV. Cau guo 100 USUA, OCCUPAT ON (Give kind of work done 10b K ND OF BUSINESS OR eve 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) USA INDUSTRY Gilbert South Carolina GRY <u>Insurance adiuster</u> Insurance 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME pencil be executed within C MILLER Anna George Rufus IGWIS 뷴 pup IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURTY NO 17 INFORMANT Address S.S.Md. permit. removal, (Yes, no, or unknown) (If yes give wor or dotes of service) pending 233 14 87 Hospital 1500 Forest Glen Rd. Holy Cross NO 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH trons 70 IMMEDIATE CAUSE (o) ward shauld cremation, DUE TO burial Conditions, if only, which gove rise to immediate cause (a), DUE TO certificate stoting the underlying couse burial, a last. 19 WAS AUTOPS PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) e e 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) agent, priar shauld PRIMARY Or CONTRIBUTING O should CAUSE OF DEATH. 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20s. PLACE OF INJJRY (Home, form, (City or town) (County) (State) Not While factory, street, office bldg., etc.) DIRECTOR: Page ot work 21. I certify that I took charge of the remains described above, held an Autopsy [Inquiry 🔀 Inspection X ond in my opinion Notural couses deoth resulted from: Suicide Homicide Undetermined monher CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re FUNERAL 1 SIGNATURE. **EXAMINER'S** ro FUNEI Health NAME (Type) CEMETERY OR CREMATORY 27 FEB LINCOLN CEM. ADENSBURG 2So, REC'D BY REGISTRAR VR A15ME (場)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02402 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH, DEPT. I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY p. STATE b. COUNTY 0 MARYLAND delay C. LENGIH OF STAY N 16 b CITY OR TOWN (if putside comparate limits c CTY OR TOWN (If outside corporate m ts write RURAL and give nearest town) write RURAL and P.M3 d NAME OF HOSPITAL OR/INSTITUTION (if not in hosp to give street oddress) d STREET ADDRESS ote De hours ON A FARM? Office along with form Hospital in Item 18. Give Pages NO DE YES NAME OF DATE with the Str Dov Year DECEASED (Type or print) DEATH with 1 AGE (In years 1F UNDER SEX DATE OF BIRTH YEAR 6. COLOR OR RACE 7. MARRIED ost birthdoy) Months Doys Hours WIDOWED DIVORCED 24 hours 10Ь KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, evenuare COUNTRY? λUO rd 'pending in pencil in Chief Medical Examiner' 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ξ be executed with ond 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO or removal, (Yes, no or unknown) (If yes give wor or dates of service) Jnknown INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) SONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) AASSI'NE CECESTA Henrostkage This certificate should writing the word cremotion, DUE TO Hypartensive Cordio Yogen laraDisease Conditions, if ony, which gove rise to immediate couse (a). stating the underlying couse used os burial, c 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) please execute the certificate. YES 💢 NO 0 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) its designofed agent, prior 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c T-ME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour om. factory, street, office bldg, etc.) Not While moy be retoined for your FUNERAL DIRECTOR: Poge 21. I certify that I taak charge of the remains described above, held an Autopsy XI, Inspection X Inquiry X and in my apinian Suicide 📑 death resulted fram: Natural causes Accident . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funerol O DEPUTY 5 moy be TO FUNERAL Health or i DEPUTY MED CAL EXAMINER **EXAMINER'S** JOHN G. BALL Bethesda. Address (Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL, CREMATION, Cedar Hill Crematory Suitland Maryland 2-15-67 25b REGISTRAR S SIGNATURE Pumphrey Bethesda, 25o. REC D BY REGISTRAR Maryland VR A15ME (5 Mismelon



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02403 CERTIFICATE OF DEATH The law requires that the death certifical be executed within 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission b. COUNTY Prince George a. COUNTY a STATE Montgomery Marvland lease remove corbon popers. Pages 1 and in any event, within 72 hours after MARYLAND b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Takoma Park Riverdale d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 5726 Eastpines Drive Washington San & Hospital NO 3 NAME OF East 4 DATE Manth DECEASED February Baby Boy Lincoln (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED last birthday) Months 2-1-67 White Male WIDOWED DIVORCED 1Ga USDAL OCCUPATION (Give kind of work done IOD KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY USA Montgomery, Maryland 13 FATHER 5 NAME 14 MOTHER'S MAIDEN NAME burial, cremation, or removal, Charles Douglas Barnett Shirley Ann Lincoln 15 WAS DECEASED EVER IN L.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war ar dates af service) Mrs. Josephine Lincoln-Riverdale, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter an y one cause per line for (a), (b), and (c)) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions if any which gave rise to immediate cause (a), DUE TO stating the underlying cause by the hospital ar attending 19 WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEASED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 20g ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day Year 20d INHIRY OCCURRED 20e PLACE OF INJURY (Home farm, (City or town) (Caunty) (State) factory, street, office bldg etc.) Hour om at work L at work 21. I certify that (1) (this haspital) attended the deceased from . 19 _, to. 19____, that (i) (we) last director, page 3 should should be filed with the M, fram causes and an the date stated above DIRECTOR: saw the deceased alive on_ ... and that death occurred at... 22a. SIGNATURE 22b / DATE SIGNED DIRECTOR M.D. 7600 Carroll Ave., Takoma Park, Md. 22c PHYS CIAN S O FUNERAL Lester Mohr, M.D., NAME (Type) 230 BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Washington San & Hospital Takoma Park, Montgomery, Md. Feb 1, 1967 cremation 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR H. Nelson 7600 Carroll Ave., Takoma Park, Md. - 2000001

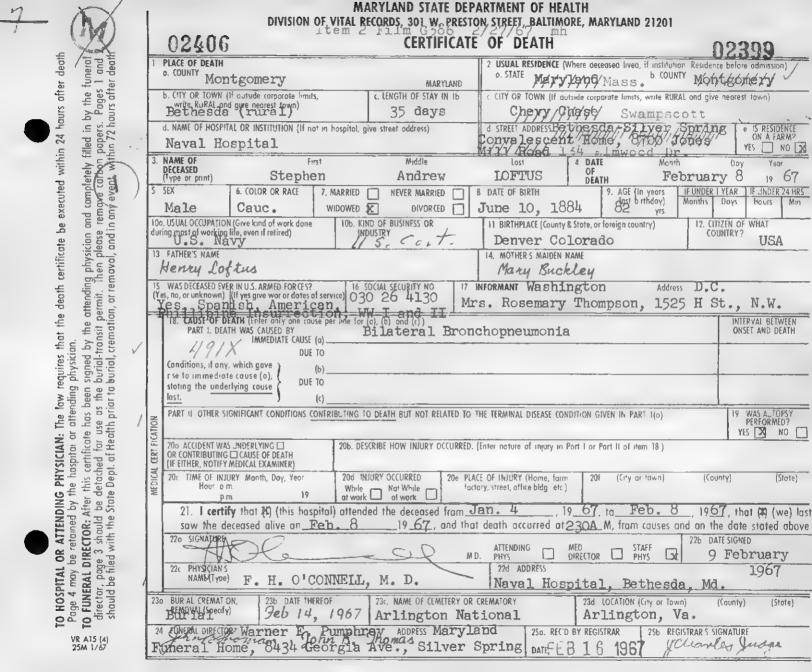


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	ATTENDIN retained b CTOR: Aft	A S		21. I certify that/(1) (this hospital) attended the deceased from 1/3, 1967, to 121, 1966	7, that (1) (we) last
	TTE stair TOR	₹.3		say the deceased alive on 2/7 1967, and that death occurred at 5PM, from the causes and on the	
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	HOSPITAL age 4 may FUNERAL D	should be		CHAME (TYPE) JAMES E. COLEMAN 9241 COLUMBIA BLUD	Md
	TO HOS Page TO FUN	SE 3	23a	BURIAL GREMATION, 23b. DATE THEREOF 23c. MANGE OF CEMETERY OR CHEMOTORY (Specify) 2/24/67 CCLL CREEK (NASH). D. C	nty) (State)
	·	0	74	FUNERAL DIRECTOR ADDRESS See. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02405 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 10 ntoo mery MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give peerest town) akoma Jark Jorena d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? nora Dr □ NO 🔀 YES 3 NAME OF 4. DATE Month Doy DECEASED (Type or print) DEATH S SEX 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 74 HRS NEVER MARRIED lost birthdoy) Doys 11-20 WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Optometris 13. FATHER'S NAME or removol, DMan WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEE PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) 1011 DUF TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse lost 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO 🔀 YES 200 ACCIDENT WAS UNDERLYING [206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (C ty or town) (County) (Stote) Hour To m. foctory, street, office bldg., etc.) Not While of work ot work 19 66 to Feb. 24, 1967, that (1) Dwe) last 21. 1 certify that((1) (this haspital) attended the deceased fram_ Opril Feb 24 19 67, and that death accurred at 735 MM, from causes and on the date stated above saw the deceased alive an 22o. SIGNATURE 226 DATE SIGNED MD. D+RECTOR 22d. ADDRESS 22c. PHYSICIAN'S AVE, NW PENNA. (-000 MAN NAME (Type) plnoys 23a, BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) SEO WASH CEM 1RIAL 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)



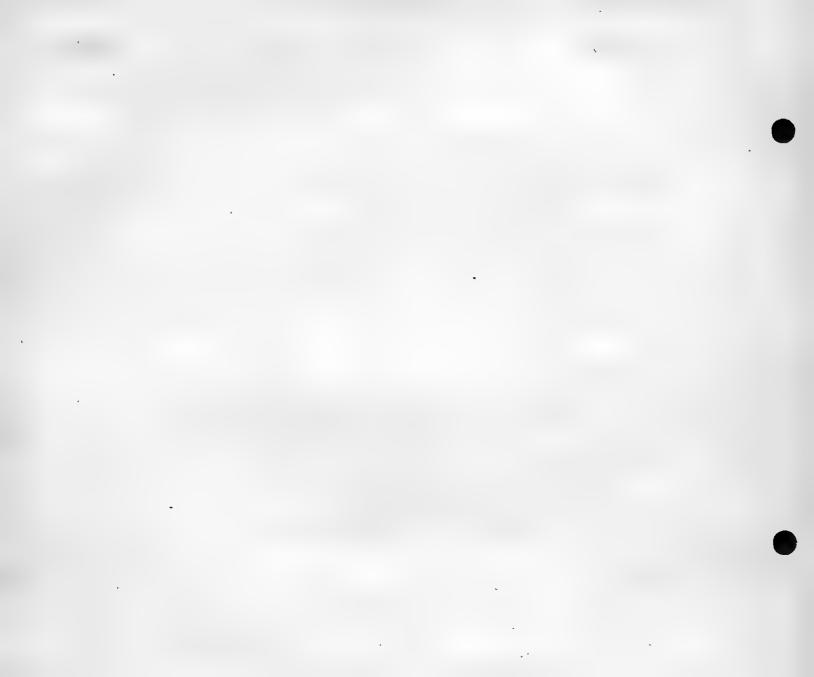




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FON.	23	REMOVAL (Specify)	nty) (State)
S. S	2	rans-burial Jeb 14, 1967 Woodlawn Cemetery Cunita, 14ew york	S SIGNATURE
VR A15 (4) 15M 9/60	111	PUNERAL DIRECTOR'S SIGNATURE Colon Carter Standard Georgia Ave. 258. REC'D BY REGISTRAR 256. REGISTRAR 250.	wley Juaga
	puc	arner L. Pumphrey, Inc. Silver Spring, Md. DATEFED 10 1901	0-0



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02408 The low requires that the death certificate be executed within 24 hours after death Physician and campletely filled in by the funeral land in please remays.carban papers. Pages 1 and in please remays.carban papers. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If outlide carparate limits, write RURAL and give negrest town) b CITY OR TOWN (If outside comporate I mits, myte RURAL and give nearest lawn) d NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO.K NAME OF First Lost 4. DATE Month Day Year DECEASED OF DEATH 2 6- 1967 (Type or print) Druary SEX AGF (In years 7 MARRIED NEVER MARRIED OF BIRTH last birthday) Days Haurs WIDOWED DIVORCED 10a USUA, OCCJPATION (Give kind of work dane 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? South Carolina Ownie Truck Seru, Sta. riors 13. FATHER S NAME MOTHER'S MAIDEN NAME remaya **D FUNERAL DIRECTOR:** After this certificate has been signed by the attenting #hy director, page 3 shauld be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health priar ta burial, cremation, ar remova 16 SOCIAL SECURITY NO. 17 INFORMANT. (If yes give wor or dates of service) (Yes, no, ar unknawn) Josephine 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Canditians, if any, which gave (b) nse ta immediate cause (a), DUE TO stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS'
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02409 CERTIFICATE OF DEATH signed by the attending physicion and completely filled in by the funeral buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 buriol, cremation, or removal, and in any event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE COUNTY MONTG OMERY MARYLAND executed within 24 hours after c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if outside corporate imits, write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS a. IS RES DENCE ON A FARM? YES NO D 3 NAME OF DATE First Middle Lost Month Doy Year DECEASED 0F ACSAZINE 19 11Am (Type or print DEATH IF UNDER 24 HRS F LINDER S SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH AGE (In years lost birthday) Months Doys Hours WIDOWED DIVORCED 10o USUAL OCCUPAT ON (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 106 KIND OF BUSINESS OR PHYSICIAN: The low requires that the death certificate be COUNTRY? during roost of working life, even if retired) INDUSTRY Builder Russia 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Beyla

17. INFORMANT Morris Magazine 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address Md. (Yes, no, or unknown) (If yes give wor or dates of service Samuel Magazine, 8910 Woodland Dr.S.S INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
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1	DIVISIO	MARYLAND STATE DEF N OF VITAL RECORDS, 301 W. PREST	'ARTMENT OF HEALTH ON STREET, BALTIMORE, MARYLAND 21	1201
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e × e	3 NAME OF DECEASED (Type or point) Lewis_	First Edward. Magi	DUAIN	Month Doy Year 7 1967
MINER: This certificate should be executed within 24 hours ofter the certificate, writing the word "pending" in pencil in Item 18. Give a should be forwarded to the Chief Medical Exominers Office along ut files a Sanould be used as a buriol-transit permit. File pages land 2 with innation, or removal, and in any event within 72 hours after death	S SEX 6 COLOR OR RACE Colored	7 MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH 4/25//878 9 AGE (in ye lost birthe	ors IF UNDER 1 YEAR IF UNDER 24 HRS ON Months Doys Hours Min
ficate should be executed within 24 hours ing the word "pending" in pencil in Item 18 rided to the Chief Medical Examiners Office as a buriol-tronsit permit. File pages I and 26 and in any event within 72 hours after death	100. JS.AL OCCUPATION (Give kind of work do during moft of working life, even if retired) LA DOVE V	TOB KIND OF BUSINESS OR . NDUSTRY	MOEY/2626.	COUNTRY'S A
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recuted ling" ir edical B ermit. I	(Yes, no, or unknown) (If yes give wor or doto	es of service) Li	W 1	tem#2
should be executed with a word "pending" in perion the Chief Medical Exon buriol-tronsit permit. File only event within 72 hou	18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY IMMEDIATE CAU	ISE (0) COFORDARY L	insufficency Acu	
should he wor to the buriol-1	Conditions if any, which gave) rise to immediate cause (a),	(b) Carelio Vo	Scular Disease	- 46255
rificate rifing th rarded i d as a d as a	last.	(t)	THE TERM NAL DISEASE CONDITION GIVEN IN PART I	(a) 19 WAS AUTOPSY PERFORMED?
This ce cate, w be forw be use removo	200 EXTERNAL CAUSE WAS		(Enter nature of injury in Port 1 or Port II of item	YES NO 🔀
	200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH 200 T ME OF INJURY Month, Doy, Year Hour o.m.		ACE OF INJURY (Home, form, 20f (City or to	
MEDICAL EXAMINER: This certilease execute the certificate, writ director. Page 4 should be forwally stained for your files by the Used to buriof, cremotion, or removol,	p.m.	While Not While of work of work of the remains described obove, h	eld on Autopsy , Inspection X,	Inquiry 🔼 , and n my opin on
MEDICAL please exel director. P cetained fo DIRECTOR r to buriol,	death resulted from Not		icide , Homicide , Undetermin	ed monner
G 2 . 5	ACTUAL SIGNATURE FXAMINER'S	13. Ball	DEPUTY MEDICAL EXAMINER	2/8/67 22. DATE SIGNED
O DEPUTY necessory, the funerol 5 may be: 0 FUNERAL Health, prior	NAME (Type)	THEREOF 23c NAME OF CEMETERY OF	- 1. / P i/	(or Town) (County) (State)
VR A15ME (5)	DURIAL 24, FUNIFIAL DIRECTOR	La Rock Villa M	Ad. DATE FEB 16 1967	11/18 MOITY III.



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COLNTY **b.** COUNTY 후 건 년 Montgome rv MARYLAND by th deat b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 write RURAL and give nearest town) washington. D.C. ٣. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE Kensington Gardens Sanitarium ON A FARM? 3900 Conn. completely 3000 McComas Ave. paper 3. NAME OF Middle DATE DECEASED within DEATH February 20 Kenneth H. Martin. Dr. (Type or print) 19 carbon 5. SEX 6. COLOR OR RACE 7. MARRIED PA NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS pue B. DATE OF BIRTH lest birthday) Months male death certificate WIDOWED [DIVORCED emove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) New York inspector-Mechanical equipment 13. FATHER'S NAME Southern Railway 14. MOTHER'S MAIDEN NAME Charles Martin Unknown Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. FOSIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Kenneth H. Martin Sr. Roc 18. CAUSE OF DEATH (Enter only one cause per lina for (a), (b) and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CALISE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying SE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? USe prior NO 20a ACCIDENT WAS UNDERLYING IT 2Db. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of ilam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) ō factory, street, office bldg., etc.] Whila Not While CTOR at work at work 21. | certify that (I) (this hospital) attended the deceased from 1956, to 2 | z 0 1967, that (I) (we) las saw the deceased eliveran 2-118 22a. SIGNATURE 22b. DATE ATTENDING SIGNED HOSPITAL FUNERAL PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d__ADDRESS NAME (Type) J . 15. Fitzgerald filed, 23a. BURIAL, CREMATION, , 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) o ÷ å REMOVAL (Spacyfy) Ft. Lincoln Crematory Prince Georges County, Md cremation ADDRES S Co. 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Washington, L.C. DATFEB Lith St. N.W. VR A15 (4) 2DM 5-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02405 CERTIFICATE OF DEATH 02412 requires that the death certificate be executed within 24 haurs after death. filled in by the funeral papers Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATEMary land b. county rtaomery O. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN Th write RURAL and give nearest town) Kensington 4 max 14 days Kethesda e. IS RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street oddress) d STREET ADDRESS ON A FARM? 5016 David Drive Resmor Sanitarium and Hospital YES NO 8 3. NAME OF Middle 4 DATE Month carban Year DECEASED Mattern OF DEATH Charles Theodore February 16 19 67 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (n years 7 MARRIED NEVER MARRIED lost birthdoy) Months Days Hours vemov April 8, 1898 White in any Male WIDOWFD DIVORCED 10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? please and ir **INDUSTRY** Ruzeau of signed by the attending physician burial-transit permit. Then please Rush. New York naravina Catemaker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removal, Emma Baileu George Mattern 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Druid Drive (Yes, no, or unknown) ((If yes, give wor or dates of service) 5016 Elsie Mattern 577-10-4410 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY ONSET AND DEATH . IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying couse has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DYSEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of miury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg, etc.) Not While of work at work 1965, to 151-16, 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram___ 11. 1967, and that death occurred at 11. P.M., from causes and on the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22a, SIGNATURE director, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22r. 4 HYS CIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF (County) (Stote) RUREMOVAL (Specify) 2/20/6 Parklawn Rockvilla 2So. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02413 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAF PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY ny delay is 2, and 3 ta PM3. Page nd 2 with the State Department of MARYLAND JUENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits CITY OR TOWN auts de corporate limits, write RURAL and give nearest tawn) d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Item 18. Give Pages 1, Office alang with farm be executed within 24 hours after death. NAME OF Middle DECEASED Type or print DEATH IF UNDER 1 YEAR AGE (In years 7 MARRIED NEVER MARRIED Months WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) \subseteq e certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examination File pode 13. FATHER'S NAME pencil 16 SOCIAL SECUR TY MO (Yes, no, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSH AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary thrombosis, left IMMED ATE CAUSE (a) This certificate should DUE TO any i Coronary arteriosclerosis, severe years Conditions, if any, which gave rise to immediate cause (a), ⊆ DUE TO stating the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM MAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS) remayal, PERFORMED? Primary Carcinoma, head of pancreas with moderate liver metastases YES 🛣 CERT FICAT 20b DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port I or Part II of item 18) 20a EXTERNAL CAUSE WAS 3 shauld PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20e PLACE OF INJURY (Home, form, (City or town) ((county) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Hour om factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page at work Page Inquiry (X), 21 I certify that I tack charge of the remains described above, held an Autopsy K. Inspection 🔀. and in my apiniar Natural causes 13 Undetermined manner death resulted fram the funeral director. Accident | Suicide . Hamicide ! CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED TO FUNERAL DI Health priar t SIG NATURE DEPUTY MEDICAL EXAMINER **JOHN** G. BALL Address (Street, city, town, ar county) NAME (Type) Bethesda 🗸 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23b DATE THEREO 23o. BUR AL CREMATION. REENHOUN 2Sq REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE FUNERAL DIRECTOR VR A15ME (5) 6M 1/67



1 1	tems 18-21 F:		AR¥LAND STATE DEPA ECORDS, 301 W. PRESTO				
FOR STATE	02414	MED	ICAL EXAMINER'S	CERTIFICATE OF	DEATH	02407	
HEALTH DEPT	PLACE OF DEATH 2 COUNTY Montaon	rery-	MARYLAND	2 USUAL RESIDENCE (Who	ere deceased lived, if institution b COUNTY		ssion)
y delay is and 3 to PM3. Page	b. CTV OR TOWN (If outs) write BURAL and g ve	neasest forgin)	c LENGTH OF STAY IN 16	c CITY OR TOWN AT outside	te carparate limits, write RURAI		
es 1, 2 form form of Deposite Deposite	Wash. S	ANSTITUTION (If not in hospital, on the Hospital, on the Hospital)	pive street oddress)	8410 Ma	vako Dr.	e IS ON YES	RESIDENCE A FARM? NO [
ed with:n 24 hours after death if any delay in pencil in Item 18. Give Pages 1, 2, and 3 at Examiners Office along with farm PM3. Pencil pages I and 2 with the State Department 72 hours after death	3 NAME OF DECEASED (Type or print) Ma	ry First Reg		Kenna	DATE Month OF DEATH	18 18	Year 1967
urs after a 18. Go	F	OLOR OR RACE 7 MARRIED WIDOWED	DIVORCED	8 DATE OF BIRTH 8-15-12	(ast 1 raday)	Months Doys Ho	
24 hours in Item 18 pr s Office of the Item 14 pr s Office of the Item 14 pr s I and 2 v	100 USUA. OCC. PATION (G ve dering Age of working the say	A. N	ND OF BUSINESS OR DUSTRY C16	11 BIRTHPLACE (State of 14 MOTHER'S MAIDEN NAM	sey	12 CITIZEN OF WHA COUNTRY? USZA	
wath:n n pencil cxamine file pag	13. FATHER'S NAME	hn Murphy		Mary Ba	ne-	· · · · · ·	
be executed within "pending" in pencil in pencil in fermine Medical Examine misit permit file pageent within 72 hours o	1S. WAS DECEASED FYR IN U (Yes, no, or unknown) (If yes	IVO Sive war or dotes of service)	Ma	Dau	shter Well 5711-C	hillum <i>v</i> :	ts, M
	PART I DEATH WAS	Enter anly ane cause per line for S CAUSED BY- IMMEDIATE CAUSE (a) DUE TO	(0), (b), and (c).) actured skull	with massiv	re		ND DEATH
shoul e wor a the our al	Conditions, if any, which rise to immediate caus stoling the underlying last.	gave (b) in	tracranial he	morrhage			
7 7 7 7	PART II OTHER S GNIFIC	ANT COAD TONS CONTRIBUTING T	TO DEATH BLT NOT RELATED TO	THE TERMINAL DISEASE COND	ON GIVEN N PART 1(0)	19 WAS PERFI YES	AUTOPSY ORMED? NO
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로 교육교육 문	2 - 2 9 11	2-18 1967 While at war	k Not While K fact	CE OF NJURY (Hame form topy street, affice bldg. etc.)	20f (City or lown) Hyattsville	(County) Pr.Geo.	(State) Md.
MEDICAL EXA please execute director Page retained far you DIRECTOR: Page ir ta burial, crem	21 I certify that death resulted to	t Ltaak charge af the rer om: Natural causes [_ /_ /	ide 🔝, Hamic'de 🛚	Inspection , Inquir , Undetermined mar	The state of the s	my apiniai
JIY MEDICA IIY, please e- eral drector be retained RAL DIRECT priar to buri	ACTUAL SIGNATURE	elden K	1 leaf	CHIEF MEDICAL EX ASSISTANT MEDICA DEPUTY MERICAL EX	L EXAMINER 🗌	22. D	ATE SIGNED
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director Page 4 5 may be retained far your o FUNERAL DIRECTOR: Page Health priar ta burial, crema	EXAMINER'S NAME (Type) 23a BUR AL OXEMANON.	23b DATE THEREOF	23c NAME OF CEMETERY OR	(M) Addless Grant	23d LOCATION (City or Town	(County)	(State)
F- F-	> BEDQ 745(Specify)	236 PATE IMPREOF 2/23/67 L. Home 300-4	Arl. Nat.	Cem.	rt. liyer,	Va.	dar
VR A15ME (5) 6M 1/67	Lee runera.	L 1101116 300-4	wash:D:C	DATE	1 10 m	0	Ca .



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02415 death requires that the death certificate be executed within 24 hours after death puo 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission I PLACE OF DEATH physician and completely filled in by the funeral Montgomery b. COUNTY Washington, D. C. popers. Pages 1. hin 72 hours after o MARYLAND b CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wheaton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? University Nursing Home 4th St., NW YES NO IX 3. NAME OF Middle Lost 4. DATE Month Doy Year DECEASED Helen Marguerite McLachlen DEATH 196 Type or print S SEX IF UNDER 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (n years 1 YEAR IF UNDER 24 HRS 76 birthdoy) Haurs 8/6/1891 White WIDOWED DIVORCED Female 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Govt. clerk
13. FATHER'S NAME Washington, D. C. USA (RETTRED 14 MOTHER'S MAIDEN NAME MARGARET burial, cremation, or removol, the offending phy isit permit. Then विद्यार्थिक विद्यार्थिक विद्यान George Wood SILVANDRISS SPRING, IS WAS DECEASED EVER IN US ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service 8716 COLESVILLE RD. MO CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse the O FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO ģ 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CADE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) detached 20d INJURY OCCUBRED 20e. PLACE OF INJURY (Bome, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) of work 21. I certify that (1) (this haspital) attended the deceased from 5.21 . 19 (2), that (I) (we) last , 19 66, ta director, page 3 should should be filed with the saw the deceased alive an 15 the 196. 7, and that death accurred at 750 M, fram causes and an the date stated above. 22n. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Dr. Merton L. White 99k 9911 Georgia Ave., S. S., Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) D.C. 2-22-67 CEMETERY WASHINGTON OLIVET ADDRESS WASH. D. C. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) FRANCIS COLLINS 3821 14TH. ST.N.W. Charles 15. DATEFR 20 M 1/66



MARYIAND STATE DEPARTMENT OF HEALTH

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	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
		02417	CERTIFICATE		02410
s after deoth the funeral ages I ond 's s after death	(PLACE OF DEATH 1. COUNTY MONTGOMER 1. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town).	c. LENGTH OF STAY IN 16	2. USUAL RESIDENCE (Where deceased lived, if Institute a. STATE MAIZY LAND b. COL. c CITY OR TOWN (If autside carparate limits, write RL. SILUER SPRING	MONTEONEZY JRAL and give nearest tawn)
nin 24 hour filled in by papers. P thin 72 hour		SILVIER SPRING 1. NAME OF HOSPITA. OR INSTITUTION (If not in ho 9224 Pury Bran VAME OF First	aspital, give street address) B. M. Middle	d. STREET ADDRESS 9224 PINEY BRANCH Lost 4. DATE MOR	8. IS RESIDENCE ON A FARM? YES NO
cecuted with completely nove corbonity event, with	S	DECEASED Type or print) 6 COLOR OR RACE 7 MJ	Y NONE	MENZE OF DEATH DATE OF BIRTH DEC 10 18 78 S Yrs.	
ficate be exysicion and please rem	L_	JSUAL OCCUPAT.ON (Give kind of work done ng most of working life, even if retired) 1.5406 SEPERATEND FATHER'S NAME	106 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) WASH DC 14. MOTHER'S MAIDEN NAME	12 CITIZEN OF WHAT COUNTRY?
death certii tending phi mit. Then	IS. (Ye	HENRY MENZE WAS DECEASED EVER IN U. S. ARMED FORCES? N.D. s, na, ar unknawn) (14 yes give war ar dates af servir	100		ress 224 PINEY BRALKH B
requires that the death certificate be executed within 24 hours after deoth g physician. In signed by the attending physicion and completely filled in by the funeral e burial-tronsit permit. Then please remove corbon gapers. Poges 1 and 2 burial, cremation, ar removal, and in any event, within 72 hours after death		IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Canditions, sf any, which gave rise to immediate cause (a), stating the underlying cause DUE TO	CERTEBRO VASC	ULAIZ ACCIDENT	INTERVAL BETWEEN ONSET AND DEATH 2 DAY 4 VICS
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to	CERTIFICATION		BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) (Enter nature of injury in Part I or Part II of item IB)	19. WAS AUTOPSY PERFORMED? YES NO
TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. of Healt	MEDICAL CERT	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m. 19	20d. INJURY OCCURRED 20e PLAC While Not While of work	CE OF INJURY (Hame, farm, 20f. (City ar tawn) ary, street, affice bldg., etc.)	(Caunty) (State)
OR ATTENDING be retained by th SIRECTOR: After t e 3 shauld be de ed with the Stote		21. I certify that (I) (this haspital) saw the deceased alive an 21) attended the deceased fram	t death accurred at G M, fram causes ATTENDING MED. STAFF DIRECTOR PHYS. [, 1967, that (I) (we) last and an the date stated above.
O HOSPITAL OF Poge 4 may be O FUNERAL DIR director, page should be filed	230	22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 236 DATE THEREOF	LV STOUT MP	22d. ADDRESS 10011 GEORGIA AVE CREMATORY 23d. LOCATION (GAY QF)	SILVER SPRING- (County), (State)
YR A15 (4) .	22/2	BURIAL CREMATION, 236 DATE THEREOF RENGVAL (Specify) March 3; I. FUNERAL DIRECTOR WITHUR Walters, 254	1967 (Prospect It Carrall SINW	all Cimelia Washin	Alon W. Co REGISTRAR'S SIGNATURE Microlly Judge

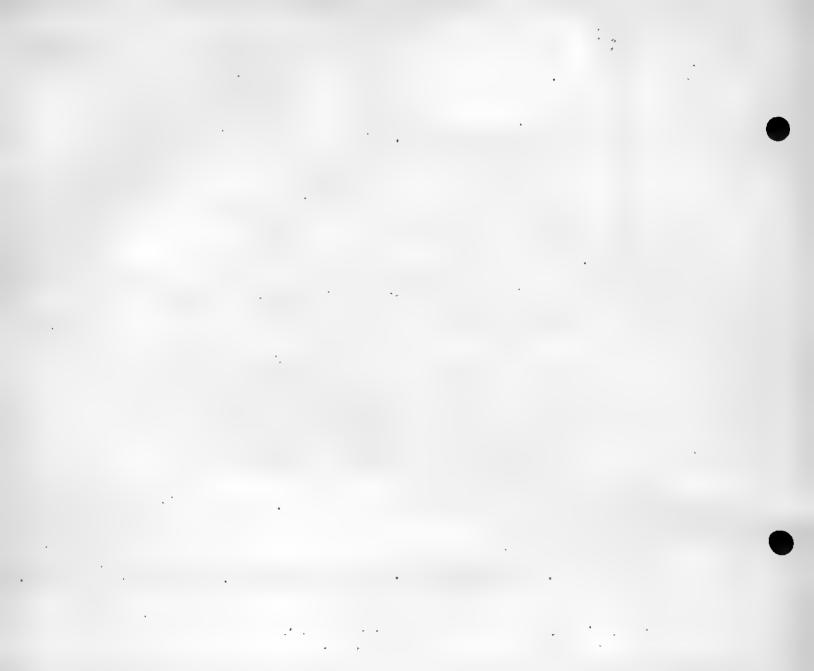


Division of STATISTICAL R	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
02418 1. PLACE OF DEATH O COUNTY	CERTIFICATE	OF DEATH		02411 /
MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where de a STATE MBRY (AND)	//-	WALLEY
b. CITY OR TOWN (If outside Corporate limits, write RURAL and give gearest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in hasp HOLY CLOSS 3 NAME OF First DECEASED (Type or print) 5. SEX 6. COLOR OR RACE THE WIDO! 10a USUAL OCCUPATION (G ve kind af work dane during most of warking life, even ibretired)	247/67-7/9/6	CITY OR TOWN (If outside com PALMON Y d. STREET ADDRESS	porote limits, write RURAL and g	20 7 7 5 e Is residence
HOLY CROSS		8122 Yene	SLOOK AR	ON A FARM? YES NO
3 NAME OF First DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7 MARI	Middle MiNOUIT RIED NEVER MARRIED TO B	Last 4. DAT OF DEA	TH FOB	Doy Year 19 19 6 7 ER I YEAR IF UNDER 24 HRS.
Female white wild		10/20/20 11. BIRTHPLACE (County & Stote, c	last buthday) Manths	
10a USUAL OCCUPATION (6 ve kind af wark dane during most of warking life, even insetted) 13. FATHER S NAME	INDUSTRY	PEHHSTLUG 14. MOTHER'S MAÍDEN NAME		COUNTRY?
13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per lin PART it. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	OFT 16. SOCIAL SECURITY NO. 17. D	SUZAYHE ,	HECHOUSA SIZZ Addition	1 2,200 K. 12L
(Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line)	176 · 03 · 365/ TAC le for (a), (b), and (c))	CB MINOVITZ		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 3647 X DUE TO Conditions, if any, which gove)	rancho pneumo	di Pala		, , , , , , , , , , , , , , , , , , , ,
nse to immediate cause (a), stating the underlying cause last	Culling - Barre	Syndmone		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION (GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES - NO
OR CONTRIBUTING CAUSE OF DEATH	DE DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in Part 1 ar	Part II of item 1B)	
€ Hour o.m.		E OF INJURY (Hame, farm, pry, street, office bldg., etc.)		Caunty) (State)
21. I certify that (I) (this haspital) a saw the deceased alive an	ttended the deceased fram	death accurred al 501	\mathfrak{L} M, fram causes and an	
22a, SIGNATURE	Rig M.C	ATTENDING MED. DIRECTO	STAFF -	DATE SIGNED
226. PHYSICIANS MOTTON AI	tscholar bud.	19205-NRW1	tongshi A	we Symmy had
23 BJRIAL CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 2 -2/-6,	7 7 June Don	CREMATORY JA EM 23d	LOCATION (City or Town) SISTRAR 25b. REGISTRAR	(County) (State)
Hololberg 7. H. 42	217- 926 14.			arle, Jusya

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 24 hours Bethesda 22 Davs Hvattsville = d. NAME OF HOSPIJAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE National Institutes of Health ON A FARM? The Clinical Center, Bethesda. Md. 20014 6410 Elliot Place YES NO X etely 3. NAME OF First Middle Last DATE Month Dav Year 3 DECEASED DF DEATH Vaughn Morrison 19 67 (Type or print) Ara February 11 certificate be executed spe com 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | anyone DATE OF BIRTH AGÉ (In years I I FUNDER 1 Y EAR II FUNDER 24 HRS birthday) | Months Days Male White December 1923 WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) ease and ir USA Meat Cutter Maine Wholesale Meats 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Grover Morrison Edna Terrio 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Receptor, The Clinical ы (Yes, no, or unkown) (If yes give war or dates of service)
Yes 1943-46 death 006-14-8086 Center, Bethesda, Maryland 20014 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 6 Days Hemorrhagic Gastroenteritis IMMEDIATE CAUSE (a) DUE TO Acute Myeloblastic Leukemia 13 Months Cenditions, If any, which gave rise to Immediate 出む DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES X NO F 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While lat work 21. I certify that (1) (this hospital) attended the deceased from 20 January, 1967, to 11 February 967, that (1) (we) last DIRECTOR: age 3 should led with the saw the deceased alive on 11 February 1967 and that death occurred at 3:30, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING DIRECTOR PHYS. HOSPITAL pg PHYSICIAN'S FUNERAL director, p Clinical Center, National NAME (Type) David Goldman. MD. of Health, Bethesda 14. Md. 23d. LOCATION (City, town or county) 23a. BURIA., CREMATION, 23b. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Georgia Ave VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. CDUNTY a. STATE h. COUNTY MONTGOMERY Maryland MARYLAND Montgomerr b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by the bond papers. Page within 72 hours a write RURAL and give nearest town) 2 mos. Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? University Nursing Home 10213 Sutherland Road and completely t remove carbon p: any event, within YES NO TX within NAME DE Month Middle DATE Day Year DECEASED MUTH LISETTA DEATH (Type or print) RECKER HTUM 1967 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years LIFUNDER 1 YEAR HE UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months (Days Hours FEMALE WIDOWED IX DIVORGED [1893 10a. USUAL OCCUPATION (Give kind of work done) c 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) sician lease r 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Housewife Essex Co., New Jersey USA certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME William Beck er **ZENA** BECKER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address lver Spring, Md. 16. SOCIAL SECURITY NO. I been signed by the atter the burial-transit permit. Ir to burial, cremation, or (Yes, no, or unkown) [(If yes give war or dates of service) Richard Muth-10213 Sutherland Rd. 265-66-8813 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) 2000 DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating the has b as th prior underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health p PERFORMED? CERTIFICAT NO X YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) tached for DR CONTRIBUTING (CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I (County) (State) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work retained DIRECTOR: A age 3 should lied with the ? o 1967 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at 112004 from the causes and on the date stated above. saw the deceased alive on 486 19*6*7 DATE SIGNED 22a. SIGNATURE 22h. page e filed ATTENDING MED. STAFF M.D. PHYS. DIRECTOR PHYS. 4 may HOSPITAL FUNERAL PHYSICIAN'S **ADDRESS** 22d. director, p should be SHERER NAME (Type) 800 Or/ve CRS Home BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) CLINTON CREEKERY REC'D BY REGISTRAR 967 VR AI5 (4) 20M 1/65

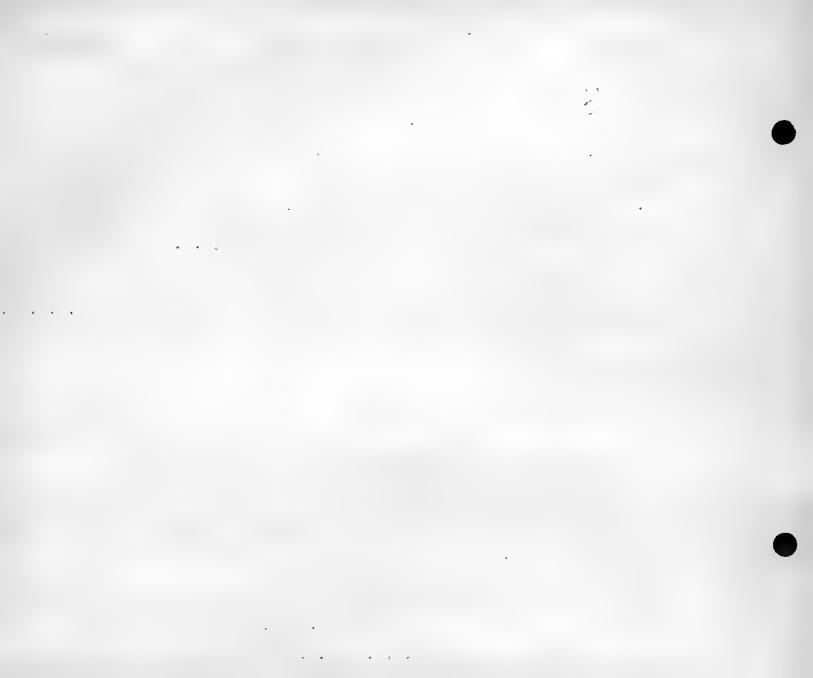


1 i	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION_OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ADVIAND
hours after death. d in by the funeral rs. Pages 1 and 2 c hours after death.	Item#H infor. taken from bcertificate of DEATH	ARTIAND 19715
by the funeral Pages, 1 and-2 urs after death.	1. PLACE TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. C(TY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. C(TY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. C(TY OR TOWN (If outside corporate limits. write RURAL states.)	gomery
filled in lapers. n 72 ho	write RURAL and give nearest town) Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Holy Cross Hospital 7307 Riggs Rd #301	e. Is Residence on a Farm? Yes \(\text{No } \(\text{No } \)
carbon pent, withi	3. NAME OF First Middle Last 4. DATE Month OF DECEASED (Type or print) Myers DEATH February 15	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 967 9. AGE (In years IFUNDER 1 Months	YEAR IF UNDER 24 HRS. Days Hours Min. FIZEN OF WHAT UNTRY?
oval, and	Montgomery, Maryland 14. Mother's Maiden Name	U. S. A.
on, or rem	Wilfred Irving Myers Geneva Carol Mullens 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hyat Mother 7307 Riggs	tsville,M
detached for use as the burial-transit permit. Then please is Dept. of Health prior to burial, cremation, or removal, and in	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) Rh incompatibility	INTERVAL BETWEEN ONSET AND DEATH
for use as f Health pri	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 202 ACCIDENT WAS LINDERLYING CO. 1. 205 DESCRIBE HOW INLINY OCCURRED. (Enter nature of Inliny in Part 1 or Part 1 or Part 1 or Part 1.0.)	19. WAS AUTOPSY PERFORMED? YES X NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 120f. (City or town) (Country a.m. While 120f. (City or town) at work 120f. (City or town) at work 120f. (City or town) (Country a.m. 120f. (City or town) (City or tow	ity) (State)
-0	21. I certify that (I) (this hospital) attended the deceased from	
o funkkal unkkijuk: A director, page 3 should should be filed with the	22c. PHYSICIAN'S NAME (Type)Melvin W. Sandmeyer 22d. ADDRESS 1106 Spring St. Silve. 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or country)	r SpringMo
H	BEMOVAL (Specify) 2/21/67 Gate of Heaven Silver Spring, 24. FUNERAL DIRECTOR 1331 ROCKVILADORESSIKE 258. REC'D BY REGISTRAR 256. REGISTRAR 256.	SIGNATURE
5 (4) -64	Tyson wheeler Rickville, Maryland DATE FEB 2 3 1967	0 1

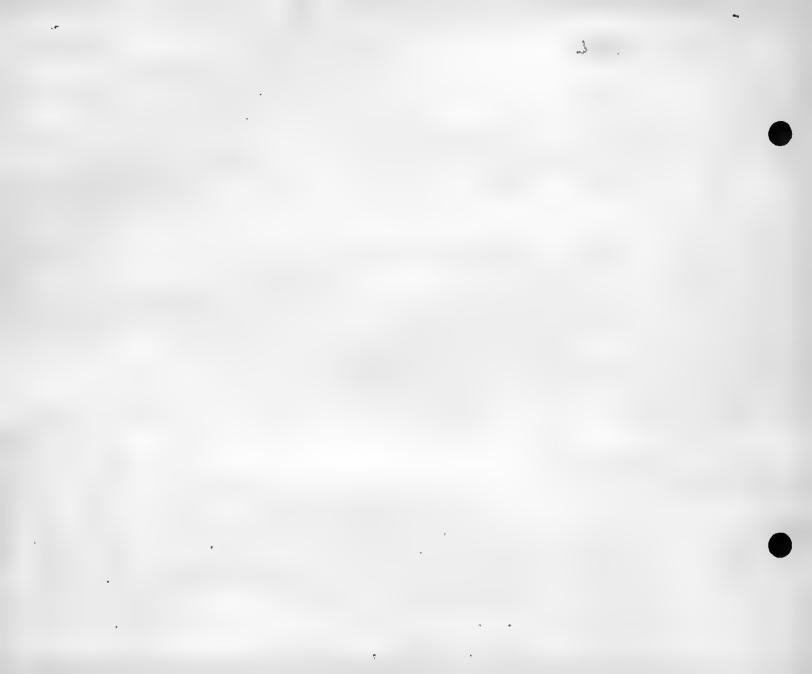


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02416 CERTIFICATE OF DEATH 02423 funeral 1 and 2 1 ter deoth, requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o. STATE b. COUNTY. re carban papers. Pages I event, within 72 hours after b CITY OR TOWN (If outside carparate LENGTH OF STAY IN 16 autside corparate limits, write RURAL and give nearest town. write RURAL and give nearest taw .⊆ d NAME OF MOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled NO X NAME OF hapletely f g carban DATE Day Year DECEASED THEODERE RVIN NEEDLE FEBRUARY 8 1967 G DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. SFX AGE (In years 6. COLOR OR RACE **NEVER MARRIED** DATE OF BIRTH lost birthday) Months WIDOWED burial, cremation, or removal, and irrasy 100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Washington.D.C. LUMBING SUPPLIES N3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Morris Needle Pearl Brenner WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war ar dates of service) Gilbert Needle. 10810 Childs St.S.S.Md. INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the burial-transit PART , DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause os the hos been mith the State Dept. of Bealth prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate 4 may be retained by the hospitol or 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I at Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. While Nat While foctory, street, affice bldg., etc.) at work at wark 1955 10 8, 19 67, that (1) (we) lost 2). I certify that (I) (this haspital) attended the deceased from FEB saw the deceased alive on F53. 6 1967, and that death occurred at M, fram causes and on the date stated obove 22a, SIGNATURE 22b DATE SIGNED ATTENDING FEB- 8, 1967 director, page 3 shauld be filed M.D. DIRECTOR PHYS... 22d. ADDRESS 22c. PHYSICIAN'S LOCKWOOD DR.SS IN D. NAME (Type) 0881 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, BUTLAL (Specify) King David Mem. Gar.
ADDRESS 3501-14th | 250. R 2/9/67 Falls Church 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Danzansky & Sons St.N.W. Wash. D. Com Bernard 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02417 02424 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death dend denta 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY o. STATE b. COUNTY Montgomery Maryland Washington MARYLAND b CITY OR TOWN (If outside carparate limits, CLENGTH OF STAY IN 15 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 388 days Hagerstown Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Maryland 1025 West Washington Street YES NO K Y un 3 NAME OF Middle Last 4 DATE Year DECEASED Lvdia Nelson DEATH February 19 67 (Type or print) Mae 9 and care remove co IF UNDER 1 YEAR S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (n years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 13 last birthday) Manths Days Hours May 1923 늗 WIDOWED DIVORCED Female. White physician and control 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Medicine USA Nurse Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Flossie Searles John Leonard IS. WAS DECEASED EVER IN ... S. ARMED FORCES? The Medical Record 16. SOCIAL SECURITY NO (Yes, no ar unknown) (If yes give war ar dates af service) 292-32-4779 The Clinical Center, Bethesda, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: Pulmonary Insufficiency IMMEDIATE CAUSE (a) DUE TO 3 months Conditions, it only, which gove Pulmonary Metastases rise to immediate cause (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the Adrenal Carcinoma 8 years WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES X NO 20g ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or Jown) (State) 20e PLACE OF INJURY (Home, form, (County) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factary, street, affice blda, etc.) Not While 21. I certify that M) (this haspital) attended the deceased fram 21 January, 1966, to 13 Feb., 1967, that M) (we) last saw the deceased alive an 13 Feb. 19 67, and that death accurred at 7:35 M, from causes and an the date stated above. 220 SIGNATURE 22b DATE SIGNED 7 967 ATTENDING 13 February director, page 3 shauld be filed v M.D. DIRECTOR PHYS. 22d ADDRESS The 22c PHYSICIAN'S Clinical Center. National of Health, Bethesda, Maryland NAME (Type) Terry McEndny, MD Institutes 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION Burial -transit 2-14-67 Evergreen Cemetery
ADDRESS | 250. REC Painesville. Ohio 2Sq. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) ROBERT A. PUMPHREY. Bethesda. Marylandout 20 M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. STATE b. COUNTY MONTGOMER MONTGOMERY MARYLAND Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b ILVER SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? lay 3 Page State hours #203 COLSTON DR. COLSTON DRIVE 203 NO X NAME OF First Middle 4. DATE Month Day Year Last DECEASED CONNOR FE BRUARY (Type or print) DEATH RAMON 25 19 67 event within 6. COLOR OR RACE EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, nould be forwarded to the Chief Medical Examiner's Office along with form DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED ! lest birthdey) | Months | Days WIDOWED ! 70 DIVORCED !" 10e. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY U.S. COURT ASHINGTON, File pages and in any CLERK OF DIST COL. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FENTON CATHERINE ONNOR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 2214 COLSTON DIE #203 permit. | removaf, (Yes, no, or unknwn) | (If yes give war or dates of service) MARGARET E. O'CONNOR -03-1506 NC SILVER SPRING, MD. CWIFE 18. CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: used as a burial-transit to burial, cremation, or IMMEDIATE CAUSE (8) DUE TO Conditions, if env. which gave rise to immediate DUE TO cause (e), stating the underlying cause tast. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY CERTIFICATION PERFORMED? NO YES ld be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I) of Item 18.) PRIMARY | or CONTRIBUTING | 3 shoul agent, (MEDICAL 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour e.m. While Not While at work at work DIRECTOR: Page or its designated should 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Undetermined manner death resulted from Natural causes 2 Accident Sulcide Hom icide I ME. execution Page 4 s. your CHIEF MEDICAL EXAMINER **ACTUAL** DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE please exec director. Pa retained for O FUNERAL I DEPUTY MEDICAL EXAMINER W DEPUTY EXAMINER'S NAME (Type) town, or county) REMETERY OR CREMATORY LDCATION (City, town or county) BURIAL, CREMATION. THEREOF (State) 0.0 REMOVAL (Specify) 2-28 -67 SILVER Meaven mD. BURIAL PRING REGID BY REGISTRAR | 25b. REGISTRAR'S SIGNATUR ADDRESS 24. FUNERAL DIRECTOR 25a. 1967 VR ALSME (5) SILVER SPRING. CHAMBERS INC DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02420 CERTIFICATE OF DEATH 02427 and in any event, within 72 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY h COUNTY MARYLAND after C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) requires that the death certificate be executed within 24 hours papers. and completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENC d STREET ADDRES ON A FARM? NO please remove carbon NAME OF Middie DATE DECEASED OF DEATH (Type or print) 19 SEX IF JINDER 24 HRS 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years **NEVER MARRIED** B. lost buthday) Months Doys Hours DIVORCED 10o. JSUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT 10h during most of working life, even if retired COUNTRY? INDUSTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAME buriol, cremotion, or removol, KNOWN 16. SOCIAL SECURITY NO. INFORMANT DEEMA Address (Yes, no, or unknown) [(If yes give wor or dates of service) Muor INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per lyre for (a), (b), and (c) signed by the buriof-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 moy be retoined by the hospital or attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO 200 ACCIDENT WAS UNDERLYING [1] 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED factory, street, office bldg , etc) Not While While ot work ot work , that (I) Live lost 21. I certify that (1) (thus hospital) attended the deceased fram. and that death occurred at 350 P.M. from causes and on the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** GMD. PHYS. DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 3 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote REMOVAL (Specify) FUNERAL DIRECTOR 2So. REC'D BY 25b. REGISTRAR'S SIGNATUR VR A15 (4) Storage al Home +2179 00 DN NU 20 M 1/66 DATE

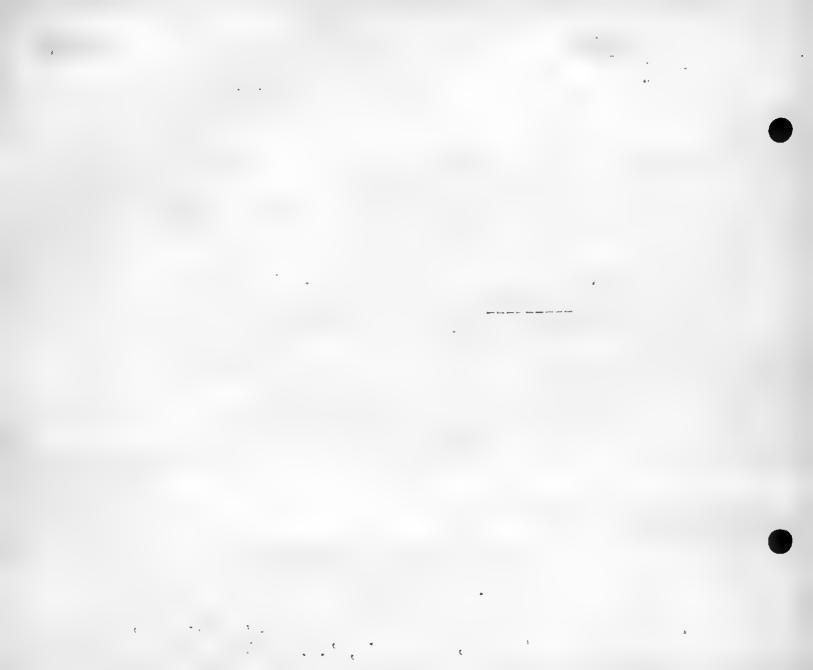


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
FOR STATE	02428	MEDICAL EXAMIN	ER'S CERTIFICATE OF DEATH	02421
HEALTH DEPT.	PLACE OF DEATH		2 USUAL RESIDENCE (When deceased lived, if institution and lived, it is institution an	ion. Residence before admission)
y is 3 to age ath	Monig	omery MARYL	AND //8726 GDTPC CG	N. Geo, V
delay is and 3 to A3. Page Iment af	b. CITY OR TOWN (If outside strp	orote limits, C LENGTH OF STAY IN	1 1	RAL and give nearest town)
ony delay is , 2, and 3 to n PM3. Page epartment af	d NAME OF HOSP TAL OP INSTIT	HON (finot in hospito, give street address)	d. STREET ADDRESS	e IS RESIDENCE
form form	Wash. Sa	nt Hasp.	6106-44th Pl.	ON A FARM? YES NO
haurs after death. If community and large and large and large and large and large and large with the State Deevent within 72 haurs	3 NAME OF DECEASED (Type or pont) Many	First P Middle	ebaker 4. DATE Mon	th Doy Year 17 1967
fiter Givy ang ith til	S SEX 6 COLOR OI	0,00,00	8 DATE OF BIRTH 9 AGE (n years	IF UNDER 1 YEAR F UNDER 24 HRS
naurs af rn 18. rice alc and 2 wii	FW	WIDOWED DIVORCED	12-23-86 lost herthdoy)	Months Days Hours Min
thin 24 haurs after death. If City delay median 18. Give Pages 1, 2, and 3 milet 5 white along with farm PM3. Pages 1 and 2 with the State Department in any event within 72 haurs after deat	100 USUAL OCCUPATION (Give kind of during import of working life, even if ret	(INDUSTRY	He Maryland	12 CITIZEN OF WHAT COUNTRY
ages	13. FATHER'S NAME	restorament frincis	14 MOTHER'S MADEN NAME	JAN JA
n pend n pend Exami File pag and in	Thomas y	acobs	Emma Toucke	
INER: This certificate shauld be executed withing the vard "pending" in pending shauld be farwarded to the Chief Medical Examily files. 3 shauld be used as a burial-transit permit. File pagent, prior to burial, cremation, or removal, and in the prior to burial.	IS WAS DECEASED EVER IN U.S. ARME (Yes, no or unknown) (If yes give we	D FORCES? 16 SOCIAL SECURITY NO pror dates of service) 2/736685	J7 INFORMANT Addre	me Parte md.
exe endi Me if pe	18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one couse per line for (o) (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH
t be thief		ATE CAUSE (o) CAPATORESPIE	atory failure accompanied l	Dy ONSET AND BEATH
auld ward he (ial-t tian,	Conditions, if any, which gove	DUE TO	to aspiration of gastric	contents
the the tart to the bur	rise to immediate couse (o),	(b) Asphyxla due	to appliation of gastife	Concents
icating ded ded as a	stoting the underlying couse lost.	(c)		
this certificate shauld ate, writing the ward to farwarded to the Clebe used as a burial-treated burial, cremation,	PART II, OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERM.NAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
hrs carte, and be no table	200 EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING D CAUSE OF DEATH 200 TIME OF INJURY Month, D. Hour can. 2 = 1.5			YES NO
d be d be lare	200 EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING		URRED (Enter noture of injury in Part , or Port I, of item 18)	
MINER: This the certificate, a shauld be for a files. I files. gent, prior to l	CAUSE OF DEATH 20c TIME OF INJURY Month, Do		ted and aspirated gastric (20e PLACE OF IN.URY (Home, form, 20f (City or town)	(County) (State)
recrat Examiner. T gase execute the certific irector. Page 4 shauld b ained for your files. IRECTOR: Page 3 shauld designated agent, prior	6:00 pm 2-17	7 19 67 While Not While of work	formospidaldg.etc) Takoma Par	
AL EXA execute or. Page d far yau TOR: Pagge	21. I certify that I too	ok charge of the remains described abo		siry and in my apinion
sign of the state	death resulted from	Natural causes , Accident X,		anher 🗍
MEDI please direct retaine DIREC	ACTUAL SIGNATURE	Con RI ha	CHIEF MEDICAL EXAMINER AD ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
JTY, eral be Be ar i	EXAMINER'S BELD	EN P PEND	M. D. Artiess (Street, Lift Blan, or county)	117/1967
O DEPU necessor the fun 5 may 0 FUNE Health	230 BURIAL CREMATION, 23b	DATE THEREOF 23c NAME OF CENT	ERY OR CREMATORY 23d LOCAT ON (City of To	wn) (County) (State)
5 = = 5 = 0	DEMOVAL (Const.)	,	S Cemetery Beltsville F	ro Geo Md.
5	24. FUNERAL DIRECTOR	ADDRESS	250. RECID BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
VR A15ME (5)	F. Gasch's	Sons Hyattsville, Mc	d. DATE ILD 20 150/	1

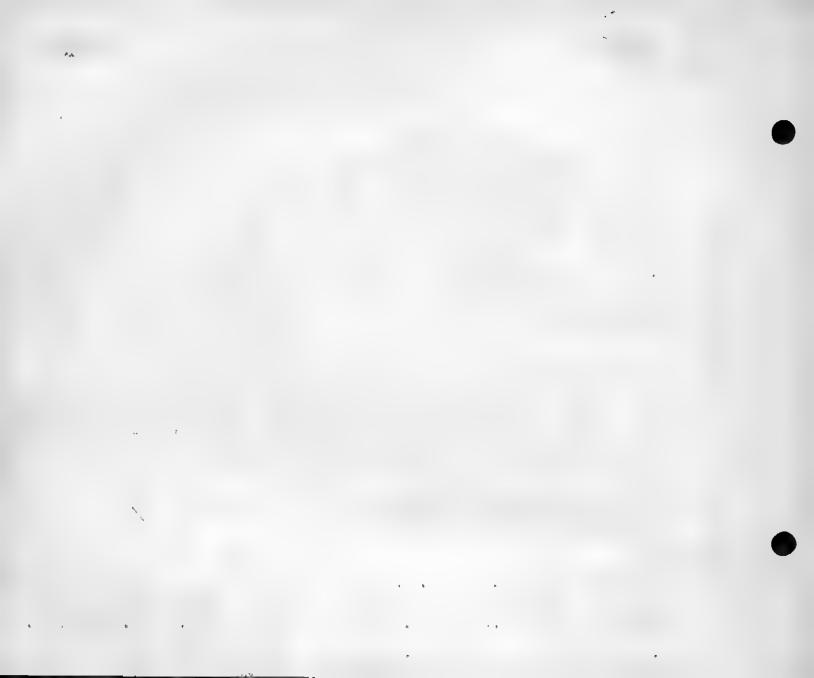


1.1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
7		O2422
1	death and death	1. PLACE OF DEATH 1. PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, If (institution: Residence before admission)
	er d	MONTGOMERY MARYLAND. a. STATE MARYLAND . COUNTY MONTGOMERY
	aft aft ages	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town)
	hours	Silvine Spring 31/2 hrs BETTES da 157
	rted within 24 hours after death, completely filled in by the funeral ve carbon papers. Pages 1 and cevent, within 72 hours after death.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 40 14 CROSS HOSPITAL OF J. WILL DRIVE 9219 ALEMISE DY. YES NO IN OUR NOTES.
	executed within and completely remove carbon pranty within	3. NAME OF First Middle Last 1.4 DATE Month Day Year
	mpled carb	OF DECEASED (Type or print) JEFFREY L. PARKS DEATH 2/ 1967
	ove ove	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	and and remit	MA/E Mh/E WIDOWED DIVORCED 10/29/06 yrs. 17/3 25
	be ician ase nd ii	during most of working life, even if retired) INDUSTRY COUNTRY
	ohysi ohysi al, a	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	rtific	William L. PARKS BARBARA Nichols
	h ce tend lit. or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 9219 Adelaide Drive, Rethesdo
	deat	None None William Parks KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	requires that the death certificate be iding physician. been signed by the attending physician the builal-transit permit. Then please or to burial, cremation, or removal, and in the burial of the bu	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: (1) ONSET AND DEATH ONSET AND DEATH
	hat cian sed the transfer transfer the creek t	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Julinonary association - ediena serve
	sign sign with the state of the	cenditions, if any, which) Over whelming infection (vine)
	ing ling l	gave rise to Immediate cause (a), stating the DUE TO 4- poss. encepts/its
	tend tend las bas t as t prior	underlying cause last.) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	The law or attercate has a salth pri	
	tral critical for the form	
	JING PHYSICIAN. The law requires that the death certificate be executed by the hospital or attending physician. After this certificate has been signed by the attending physician and condition that the detached for use as the burial-transit permit. Then please remove state Dept. of Health prior to burial, cremation, or removal, and in any events of the detached for the detached	
	the this this detact	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m.
	NG By 1	
		21. I certify that (I) (this hospital) attended the deceased from $\frac{2}{2}$, $\frac{3}{2}$, $\frac{3}{2}$, $\frac{3}{2}$, $\frac{2}{2}$, $\frac{2}{2}$, that (I) (we) last
	ATT reta reta S sh with	saw the deceased alive on 1967, and that death occurred at TPM, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED
	AL OR DAY be page page filed	M.D. ATTENDING DIRECTOR PHYS. 375/67
	10 HOSPITAL OR ATTENDING Page 4 may be retained by O FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	220. PHYSICIAN'S NAME (Type) Murray Paul 220. ADDRESS 1040 University Blud. E., S. S., Md.
	Page 4 ms O FUNERAL director, p	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	5 5 5 A	REMOVAL (Specify) 1706 27, 1967. Gate of Heaven Cemetery Silver Spring. Maryland
	20	24. FUNERAL DIRECTOR ADDRESS. 25a. REC'D BY REGISTRAR'S SIGNATURE
	VR AIS (4) 7	Warier E. Pumphrey, Inc. Silver Spring, Md. DATE MAR 2 1967 July

			DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE, MARYLAND 21:	201
FOR STATE	02430	MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH	02423
HEALTH DEPT	1. PLACE OF DEATH 0. COUNTY MONTGOID		2. USUAL RESIDENCE (Where deceased lived, if no state b.	stitution Residence before admission) COUNTY COUNTY
any delay is 2, and 3 to 7 PM3. Page	b CITY OR TOWN (If auts de co write RURAL ond give neore BETTILESDA	2Hr. 4Min	c CITY OR TOWN (If autside carparate limits, write CHEVY CHASE	e RJRAL and give nearest tawn)
form form	3U3U113617	TUT ON (If not in hospital, give street address)	d STREET ADDRESS 300/ SHEPHARD 3'1	e IS RES DENCE ON A FARM? YES NO
after death If any de Give Pages 1, 2, an along with form PM3 with the State Department		First Middle C. PAS		Month Boy Year
hours after death I Item 18. Give Pages Office along with for I ond 2 with the State	S SEX 6 COLOR	WIDOWED DIVORCED	8 DATE OF BIRTH 9 AGE (In year lot birthdo 7) 11 BIRTHPLAC tate or fore gn (count y)	Months Days Hours Min
xecuted within 24 hours iding" in pencil in Item 1 Medical Exominer's Office permit. File pages 1 and 2 vithin 72 hours ofter deat	100 US_AL OCCUPATION (Give kind during most of working life, even if r	of work done effired) 10b KIND OF BUSINESS OR INDUSTRY AT Home	NEW YORK	12 CITIZEN OF WHAT COUNTRY?
within penal Exomine File pag	JOHN E 1 OUT	MED FORCES? 16 SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME M	Address
vecuted ding" ir Jedical I permit.	(Yes na orunknawn) (f yes g ve	only one couse per line far (a), (b), and (c)	Jon. Karlas Th Dill Tine	Addreso HEAA CINOT
should be e. ne word "pen o the Chief A burial-tronsit i	PART I. DEATH WAS CAL		emospoye massive	ONSEP AND DEATH.
INER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a burial-transit permit. File pages land 2 with the Shate Delation, or removal, and in any event within 72 hours after death	Conditions, if ony, which governise to immediate couse (a) stating the underlying coust last.	(b) Carolio. V	a-scular Disease	- Years.
his certif ote, writii e forword be used c emoval, o	PART II OTHER S GNIFICANT O		D TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(19 WAS AUTOPSY PERFORMED? YES NO
rcal Examiner: This certifie e execute the certificote, writter Page 4 should be forword for your files. ECTOR: Page 3 should be used buria, cremotion, or removal,	200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH		RRED (Enter nature of injury in Port I or Port II of tem II	3)
	20c I.ME OF INJURY Month, Hour o.m.	Day, Year 20d NJURY OCCURRED 20 While Not While of work of work	e PLACE OF INJURY (Home, form 20f (City or tow foctory, street, office bldg , etc.)	n) (County) (State)
tCAL EXACUTE tor Page of for yourid, crer.	21 I certify that I t death resulted from	ook charge of the remains described above Notural causes (A), Accident [],	e, held on Autopsy, Inspection [X], Suicide, Homicide, Undetermine	Inquiry ond in my opin dimanner
Mtz pleas I directair DIRI	ACTUAL SIGNATURE	John es. Ball -	CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER	22. DATE SIGNE
necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to buria, cremo	EXAMINER'S NAME (Type) 230, BURIAL CREMATION 2	John G. Ball 3b DATE THEREOF 23c NAME OF CEMETER	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) YOR CREMATORY 23d LOCATION (City	or Town) (County) (Stote)
TO Di nece the 5 mg	Cremation 24 FUNERAL DIRECTOR	2/25/67 Geder Hi	11 Crematory Suitla	, , , , , ,
VR A 15ME (5)	Joseph Gawle	er's Sons, 5130 Wis.	NW DATE MAR 1 1967	Mearles Judge



1 1	Division of STATISTICAL RES	MARYLAND STATE DE SEARCH AND RECORDS, 301			D 21201
M	02431	CERTIFICATE			02424
death and death	PLACE OF DEATH O. COUNTY O. COU	MARYLAND c. LENGTH OF STAY IN 16	o STATE Mary lan	e deceosed lived, if institut on b COUNTY Corporate limits write RURAL (tarmery.
24 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital CE SAN NOS TON SAN)	in give street oddress)	Silver Syld STREET ADDRESS	ring	e. IS RESIDENCE ON A FARM? YES NO
e executed within 24 haurs after and campietely filled in by the fur remove carban papers. Pages 1 any event, within 72 hours after	3 NAME OF DECEASED (Type or print) 5. SEX 6 COLOR OR RACE 7. MARRIE	Middle Simms	Lost 4.	DATE Month OF DEATH 9 AGE (in years IF	Doy Year 27 1967 NBER I YEAR IF UNDER 24 HRS.
ate be execu icipy and can lease remove and in any e	Male winte WIDOWE 100 USUAL OCCUPATION (Give kind of work done Job during most of working life, even if retired) Transit		Jan 28 89 11. BIRTHPLACE (County & Sto	78 yrs.	onths Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? UNITED States
ne death certificat altending physic permit Then ple ian, ar remaval, a	13 FATHER'S NAME JOSEPH PED COCK 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 1 WAS DECEASED EVER IN U.S. ARMED FORCES?		14. MOTHER'S MAIDEN NAME ALCE NFORMANT		, ham
requires that the death certificate be executed within 3 physician. I signed by the attending physician and campletely filles burial-transit permit. Then opedies remove carban posturial, crematian, ar remaval, and in any event, within	(Yes, no, or unknown) (If yes give war ar dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line PARY I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)	578-10-5256 P. for (0), (b), one (1)	my Elc	ena	INTERVAL BETWEEN ONSET AND DEATH
The law requires that the attending physician. has been signed by the cse as the burial-transit pith priar ta burial, crematia	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.	roguessive le	thismia.	shuchen,	·he
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 200. ACCIDENT WAS UNDERLYING 205. 1 E FITHER NOTIFY MEDICAL FXAMINED	G TO BEATH BUT NOT RELATED TO TO DESCRIBE HOW INJURY OCCURRED. (aicult 10	a Loctum	19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d	I INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, lry, street, office bidg., etc.)	20f. (City or town)	(County) (Stote)
ATTENDING stained by th CTOR: After t should be de	21. I certify that (I) (this hospital) attacks the deceased alive an 220. SIGNATURE		death accurred at 32	M, fram causes and	, 19// that (I) (we) las an the date stated above 22b. DATE SIGNED
	221 PHYSICIAN'S NAME (Type) Douglas K. Po.	tes M. D.	ATTENDING MED PHYS DIRE 22d. ADDRESS	CTOR STAFF PHYS.	2-28-67
F F AP	230 BURIAL CREMATION, REMOVAL (Specify) 24 FUNERAL DIRECTOR 25 DATE THEREOF March 3, 196	23c. NAME OF CEMETERY OR C 7 St. Michael ADDRESS	2So, REC'D BY		(County) (Stote) MORELLA Md PAR'S SIGNATURE
VR A15 (4)	W. Clarke Mattingley Lean	andtown Manulan	DATE MAR	1 1987 /	while Judge



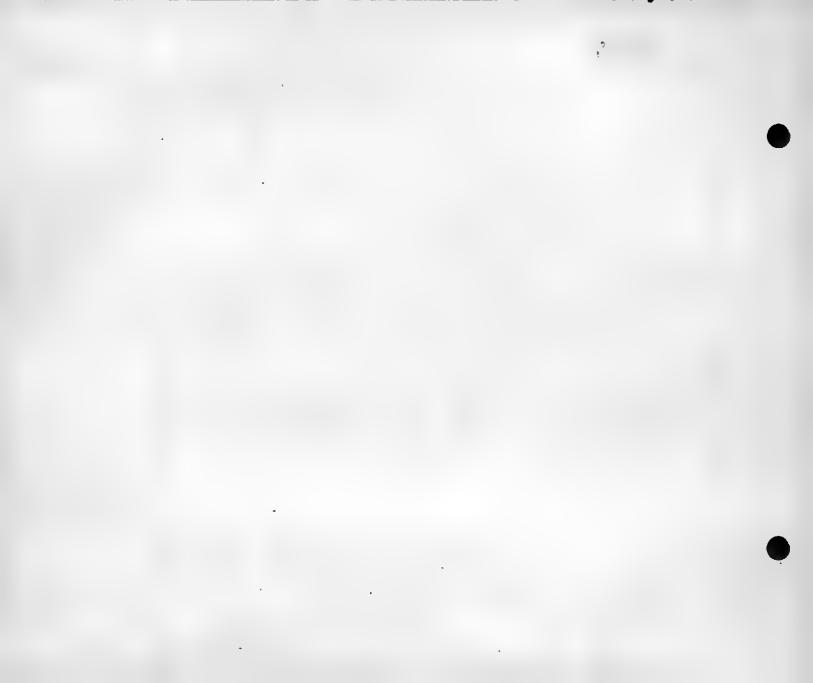
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02432 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) physician and completely filled in by the funeral en please remove carbon popers. Pages 1 ond PLACE OF DEATH o. COUNTY District of Columbia Montgomery MARYLAND c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 136 days Washington Bethesda IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS The Clinical Center, Bethesda, Maryland 6246 33rd Street. N.W. YES NO X 4 DATE Month Year 3. NAME OF First Ooy Į. DECEASED 1967 Peterson DEATH February Carl (Type or print) Garv AGE (In years lost birthdoy) IF JNDER I YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIEO Months Hours DIVORCED WIDOWEO November 26,1956 and in any Male White 12. CITIZEN OF WHAT 17 BIRTHPLACE (County & State, or foreign country) 10o USUA: OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired)
Student INDUSTRY USA Missouri None 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Ruth Ainley Arthur G.C. Peterson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) The Medical Records 16 SOCIAL SECURITY NO 17 INFORMANT buriol-tronsit permit. The Clinical Center, Bethesda, Maryland None miltiforme INTERVAL BETWEEN
ONSET AND DEATH
3 YEARS 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY-IMMEDIATE (AUSE (0) Medulloblastoma, metastatic, glioblastoma/ signed by DUE TO Conditions, if ony, which gove rise to immediate couse (a). QUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES K NO [by the hospitol or 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg , etc.) Hour o.m. 21. I certify that (1) (this haspitol) attended the deceased from October 2 , 1966, to Feb. 15, 1967, that (4) (we) last Feb. 15 19 67, and that death occurred at 3:45 M, from couses and on the date stated above. saw the deceased alive an_ 22b. OATE SIGNED 22n. SIGNATURE **ATTENDING** STAFF M15 February 1967 DIRECTOR PHYS. 22d. ADDRESS The Clinical Center, National 22c. PHYSiCIAN'S NAME (Type) Duane B. Gainsburg, MD Institutes of Health, Bethesda, Md. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION 23b DATE THEREOF (County) 2/17/67 ARLINGTON NATIONAL ARLINGTON, VIRGINIA 24 FUNERAL DIRECTOR WILHELM FUNERAL ADDRESS
HOME 4308 SUITLAND ROAD, SUITLAND, MARYLAND 2Sb REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR DATE FEB 20 VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Resi delay is a COUNTY o STATE P COMMIX Page MARYFAND and 2 with the State Department r LENGTH OF STAY IN 16 c CITY OR TOWN-116 autside carparate I mits, write RURA, and give nearest town) TOWN (It autside carparate limits, RURAL and give negrest tawn! OR-INSTITUTION (fingt in hossista, give street address) d. STREET ADDRESS Office alang with farm 10 NO EX frem 18. Give Pages 24 hours after death NAME OF Middle DATE First Last Year DECEASED ÔF I. (Type or print) **OEATH** DATE IF UNDER 24 HRS SEX NEVER-MARRIED Q9 BIRTH 6. COLOR OR RACE 7 MARRIED lost buthday) Months Days Hours event within 72 hours after death. WIDOWED DIVORCED 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR BIRTHP_ACE (State or foreign country) 12 CITIZEN OF WHAT during most of warking life, eyen if refired)
HOUSEWII & INDUSTRY pend n Ukraine 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Elizabeth Riedl Eugene Huzar File 15 WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address pending" in ef Medical E permit. (Yes, no, or unknown) ((If yes give war or dates of service 119-28-1881 18 CAUSE OF DEATH (Enter only one cause per lye for (a), (b), apd burial-transit PART I. DEATH WAS CAUSED BY ONSET SMMEDIATE CAUSE (6) writing the ward This certificate should DUE TO 116 dny Canditians, if any, which gave rise to immediate cause (a). 10 = DUF TO stating the underlying cause D farwarded 50 last used PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19 WAS AUTOPS: remayal, CERTIFICATION ORMED? NO please execute the certificate, pe 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part or Part II of Item 18.) 3 shauld should Ь PRIMARY I or CONTRIBUTING I CAUSE OF DEATH cremation, MEDICAL 20d INJURY OCCURRED 20e PLACE OF .NJURY (Mame, farm, (City or fown) (State) 20c TIME OF INJURY Month, Day, Year Hour o.m While factory, street, affice blda., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page at work 21. I certify that Jook charge of the remains described above held an Autopsy Inspection Inquiry and in my opinian death resulted from Natural causes Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. OATE SIGNED ASSISTANT MEDICAL EXAMINER pridi SIGNATURE funeral EXAMINER'S Health 23d. LOCATION (City or Town) 0 Mt.Olivet Cemetery Wash. 2So. RFC'D. Nallevis VR A15ME (5) Funeral Home Inc. 6M 1/67 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02434 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral 1 and within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution: Residence o COUNTY ONTGOMERY MARY! AND by the Pages b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RUPAL and give nearest tawn) GAITHERSBUR ROCKVILLE d. STREET ADDRESS d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? NO T 3 NAME OF remove-carban Middle Lost 4. DATE Dov Year DECEASED OF DEATH 2 HOEBUS 1967 dny event SEX IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (in years NEVER MARRIED lost birthdoy) DIVORCED pug 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT and in a COUNTRY INDUSTRY 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAM burial, cremation, ar remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line for,(o), (b), and (c)) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' λq Page 4 may be retained by the hospital ar attending physician. DUE TO signed t Conditions, if ony, which gove (b) rise to immediate cause (a). DUE TO Cerebral accident 1st stoting the underlying couse has been ve aerached far use as the State Dept. af Health prior ta WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES -NO certificate 20o ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While of work O FUNERAL DIRECTOR: After - 1966 to 1165 - 25-1967, that (1) (we) las 21. I certify that (I) (this haspital) attended the deceased fram 666 and that death accurred at 10 P M, from couses and on the date stated above saw the deceased alive an_#185-22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED DIRECTOR M.D. PHYS director, page 3 shauld be filed 22d, ADDRESS 22c, PHYSICIAN'S RNORS NAMF (Type) BURIAL, CREMATION REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 20 M 1/66 8



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02435 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence I. PLACE OF DEATH b. COUNTY o. COUNTY **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the fune director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages I at Maryland Montgomery MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Forestville 1 day Bethesda (rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO X 7305 Keystone Lane, Apt. 102 Naval Hospital Middle DECEASED (Type or print) February 14 1967 PIEPGRAS Beth Amy IF JINDER 1 YEAR | IF JINDER 24 HRS 9. AGE (In years B. DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED Dec. 26, 1966 WIDOWED DIVORCED Female Cauc. 11. BIRTHPLACE (County & Stote, or foreign country) Md. 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done INDUSTRY A during most of working life, even if retired) Andrews Air Force Base USA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jane Ann Nilan David G. Piepgras 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service)
N/A
N/A Lane, Apt. 102 Address Forestville, Md 16 SOCIAL SECURITY NO. Capt. David G. Piepgras, USAF, 7305 Keystone N/A 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY.

A continue of the contin INTERVAL BETWEEN ONSET AND DEATH Aortic stenosis IMMEDIATE CAUSE (o) DUE TO Congenital malformation of the heart Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES X NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH directar, page 3 shauld be detached i shauld be filed with the State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg , etc.) Not While 21. 1 certify that (this haspital) attended the deceased from Feb. 13, 19 67, to Feb. 14, 19 67 that (t) (we) lost saw the deceased alive on February 1419 67, and that death accurred at 425A M, from causes and on the date stated above. 22b DATE SIGNED 220 SIGNATURE MED DIRECTOR **ATTENDING** Feb. 15, 1967 Naval Hospital, Bethesda, Md. 22c. PHYSICIAN'S Jerry J. Tomasovic, M. D. 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) 230. BURIA, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Luverne, Minnesota Maplewood Cemetery 25b. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR D. C. 24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home, 4308 Suitland Rd., S.E. Wash.

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02429 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) PLACE OF DEATH e COUNTY b. COUNTY P.M3. Poge water the State Department C LENGTH OF STAY IN 16 outside corporate I mits, write RURAL and give nedigs! town c CITY OR TOWN OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS cate, writing the word pending in pencil in Item 18. Give Pages 1, be forworded to the Ch'ef Medical Examiner's Office again with farm NO K NAME OF Midd e DECEASED OF DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HR 9 AGE (In years S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED within 72 haurs after dea 10a. USUAL OCCUPATION (Give kind of work done Ob KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY 14. MOTHER MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within 17 (NEORMAN) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 577-10-6692B Seste 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) bur al-trans t event PART I DEATH WAS CAUSED BY acute Coronary 1 Corenar Arterio Seterosis Serere. Ony (and t ons, if any, which gave) rise to immediate couse (a). __ DUE TO stating the underlying couse last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) removal, MEDICAL CERTAFICATION Rectum with bleeding deno-Corcinonia-of NO. 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) 0 PRIMARY I or CONTRIBUTING I 4 should 3 shou o CAUSE OF DEATH 20e PLACE OF INJURY (Home, form 20c TIME OF NJURY Month, Doy, Year 20d INJURY OCCURRED 20f (City or town) (County) (Stote) Hour om. Not While factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page at work at work 21 I certify that I taak charge of the remains described above, held an Autopsy , Inspection XI. Inquiry 💢 , and in my opin on deoth resulted from Natural causes 💢 . Accident 🗍 Undetermined manner Su cide . Hamicide the funeral director 5 may be retaine TO FUNERAL DIRE Health prior to b CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MED CA. EXAMINER SIGNATURE DEPUTY MED CAL EXAM NER V **EXAMINER'S** JOHN G. BALL Address (Street, city, town, or county) Bethesda. Md. NAME (Type) 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ((county) 23o BURIAL, CREMATION, Burial (Specify) 2-16-67 Ft. Lincoln Cemetery Prince George County, Md ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A 15ME (5) PUMPHREY, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

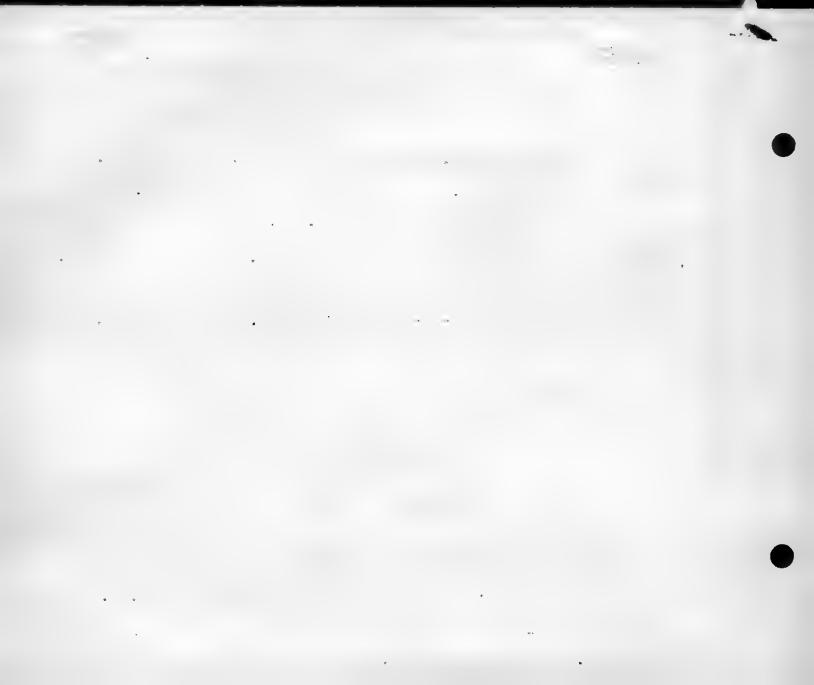


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 92437 CERTIFICATE OF DEATH deoth completely filled in by the funeral ove carbon popers. Pages 1 and PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) o. COUNTY o. STATE P COMMITA MARYLAND executed within 24 hours after lease remove carbon popers. Pages 1 and in any event, within 72 hours after b CITY DR TOWN (If outside corporate imits C LENGTH DE STAY IN 16 c CITY DR TOWN (If purside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) d. NAME DE HOSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES NO X NAME OF please remove carbon Middle 4. DATE Lost Month Dov Year DECEASED OF DEATH (Type or print) norree 19 IF UNDER 1 YEAR 6. COLDR DR RACI AGE (In years 1F UNDER 24 HRS. 7. MARRIED NEVER MARRIED DATE OF BIRTH oirthdoy) Months Doys Hours WIDOWED DIVORCED this certificate has been signed by the attending physican are letached for use as the buriol-transit permit. Then please remayed bept, of Health prior to buriol, cremation, or remayol, and in an 100 _SUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR (County & State, or foreign country) 12 CITIZEN OF WHAT low requires that the death certificate, he during most of working life, eyen if retired) **INDUSTRY** COUNTRY? Nebraska 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service 577-10-6692 Pierce No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line/for (o), (b), PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 moy be retained by the hospital or attending physician. DUE TO Conditions, if only, which gove rise to immediate couse (o), DUE TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH_BUT NOT RELATED TO THE TERMENAL DISEASE CONDITION GIVEN IN, BART 1(0) YES X 20o. ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detached should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg, etc.) ot work O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from 19 6 7, that (1) (we) last and that death accurred at 3 8 1967 Trekt 3 M, fram causes and an the date stated above. saw the deceased glive an 22o, SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. M.D DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS BE OALE NAME (Type) 23d LOCATION (City or Town) BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) Burlal (Specify) 2-25-67 Ft. Lincoln Cemetery Prince George County . Md. ADDRESS 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 PUMPHREY, Bethesda, Maryland DATE FEB



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 02438 CERTIFICATE OF DEATH the attending physician and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages Land 2 nation, or remayal, and in any event, within 72 hours after death. The law requires that the deoth certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE **b.** COUNTY o. COUNTY Montgomery Fairfield V MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Fairfield Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Bethesda-Silver Spring, Nursing Home) 723 S. Pine Creek Rd. NO TS YES NAME OF Middle Last 4. DATE Manth Day DECEASED LOUISE POLK Feb. 1967 B. DEATH (Type or print) AGE (n years SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED **NEVER MARRIED** birthday) Days Mar. Female 17. 1879 White DIVORCED WIDOWED 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 10o, USUAL OCCUPATION (Give kind of work done during most of working life, even if retured)
Housewife COUNTRY ? INDUSTRY Conn. 14 MOTHER S MAIDEN NAME 13 FATHER'S NAME cremation, or remayal, Approve William Burr Catherine Sherwood IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Daughter 491 Dorset Ave. burial-tronsit permit. (Yes, na, ar unknawn) (If yes give war ar dotes of service) Hannah B. Arnold (Bethesda, Maryland 32-18-9219JI INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH HEMORRHAGE IMMEDIATE CAUSE (a) TO FUNERAL DIRECTOR: After this certificate has been signed by Page 4 may be retained by the hospitol or ottending physician. DUE TO burial, HEART DISCASE Yenres RTERIOSCLEROTIC Conditions, if any, which gove rise ta immediate cause (o), DUE TO stating the underlying cause for use os the MOS RTERIO SCLEROSIC last. ヮ WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) à Notifi NO JE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part 11 of Item 18.) 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) at work orone 21. 1 certify that (1) (this haspital) attended the deceased fram FCB 13 , 1967, to FCB 14, 1961, that (1) (we) last should FEB 13 1967, and that dooth accurred ot 500 M, from causes and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 220. SIGNATURE ATTENDING 2-14-67 M.D. DIRECTOR PHYS. directar, page 3 should be filed v PHYS. 22d. ADDRESS Washington Clinic Washington. D. C. 22c. PHYSICIAN'S PHILIP R. JAMES NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION 23b. DATE THEREOF (County) Cremation 2-15-67 Cedar Hill Crematory Suitland, Maryland

ISTRAR | 25b. REGISTRAR'S SIGNATURE 2So REC D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Mesulas Judal DATE FEB PUMPHREY. Bethesda. Maryland



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02433 CERTIFICATE OF DEATH signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, crematian, ar remaval, and in any event, within 72 haurs after death. e death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY g. STATE b. COUNTY ortravilly MARYLAND CITY OR TOWN (I autside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 (If outside carporate limits, write RURAL and give nearest tawn) OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE First Middle Month Day Year Close DECEASED OF 1967 DEATH IF UNDER 1 YEAR S SEX IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (in years birthday) Months Hours WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done early) 12 CITIZEN OF WHAT KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working te, even if retired) Section COUNTRY? 1.5 Gout. 13. FATHER'S NAME O 14. MOTHER'S MAIDEN NAME SCATE N JAMES WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANTA/ Address 10416 Rodney Rd (Yes, no, or unknown) (If yes a ve war or dates of service XXXXXX Silver Spring. Md 261-58-9361 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Page 4 may be retained by the haspital ar attending physid Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health priar ta WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH YES 17 NO O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) While Not While at wark at wark 21. 1 certify that (I) (this haspital) attended the deceased fram. July 19 65, 10 2 - 5 , 19<u>67</u>, that (I) (we) last 19.67, and that death accurred at 1.50 M, fram causes and an the date stated above. saw the deceased alive an 22a SIGNATURE 22b. DATE SIGNED BBL DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ERONI VA 10236 005} 23b. DATE THEREO! 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION (Stote) BULLAL (Specify) Friends Cemetery Sandy Spring 25b REGISTRAR'S SIGNATURE John B. Thomas 2Sa REC'D BY REGISTRAR melen 20 M 1/66 Pumphreu

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o STATE Maryland b. COUNTY Montgomery Montgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, De the soa please remave carban papers. Pag , and in any event, within 72 haurs Bethesda 14, Maryland 6 yrs, 4 mos. d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled 7501 Persimmon Tree Road Resmor, 5721 Grosvenor Lane YES NO X 4 DATE physician and campletely fi en please remave carban 3. NAME OF Middle Month Doy Year First Last DECEASED 19 67 OF В. February 10 Pool Texie (Type or print) DEATH IF JINDER I YEAR IF UNDER 24 HRS 8 DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED log birthday) Hours 12/21/1878 WIDOWED X DIVORCED IDb. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 1Do USJAL OCCUPATION (Give kind of work done during most of working ite, even if retired) INDUSTRY North Carolina 13 FATHER'S NAME 14 MOTHER'S MAJDEN NAME burial, crematian, or remaval Katherine Sherrell Burrell Bowman IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Daughter (Yes, no, or unknown) (If yes give wor or dotes of service) Same as Item 2. No Katherine Stone None INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line jen)(o), (b), one (c) signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove (b) rise to immediate couse (a). DUE TO stating the underlying couse Health priar ta far use as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 2Do ACCIDENT WAS UNDERLYING [7] Page 4 may be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH directar, page 3 shauld be detached f shauld be filed with the State Dept. af I (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from saw the deceased glive on 2/8 1907, and the 2/10 , 1967, that (I) (we) last 1967, to 2/10, 1967, that (I) (we) last 1970 M, from causes and an the date stated above. and that death occurred at saw the deceased alive on. 220. SIGNATUREC 22b DATE SIGNED ATTENDING DIRECTOR 22d ADDRESS 22c. PHYSICIAN S NAME (Type) 4890 Battery Ln., Bethesda, G.H. Mitchell, M.D. 23d, LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION REMOVAL (Specify) Burial 2-13-67 FORK BAPTIST CEM. TAYLORSVILLE, NORTH 2 2So. REC'D BY REGISTRAR MDDRESS HESDA, MARY LAN 25b REGISTRAR'S SIGNATURE RO 24. FUNERAL DIRECTOR PUMPHREY YR A15 (4) 20 M 1/66 ROBERT A.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution and 3 je-M3. Påge= a. COUNTY o. STATE P COUNTA MARYLAND with the State Department b. CITY OR TOWN (If outside cornorate limits c. LENGTHLOF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) write RURAL and after nearest town) d NAME OF HOSPITAL OR INSPITATION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE the Chief Med cal Examiner's Office along with farm ON A FARM? 11. be executed within 24 haurs after death NAME OF Middle First DATE Manth ₹eαr DECEASED OF DEATH (Type or print) SFX F UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 7 MARRIED NEVER MARRIED last birthday) in Item 18. Manths Days Haurs WIDOWED DIVORCED permit. File pages 1 and 2 deat 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 81RTHP_ACE (State, or foreign Country) 12 CITIZEN OF WHAT offer during most of warking te, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME w thin 72 haurs Emma Beatv SINGSCODA Item 2 ⊑ 17. INFORMANT as WAS DECEASED EVER IN U.S. ARMED FORCES 16 SOCIAL SECURITY NO (Yes, na, prunknawn) (If yes give war ar dates at service) 13-50-9253 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH any event IMMEDIATE CAUSE (o) This certificate should writing the ward DHE TO Carolis-Vascular Disease -Conditions, if any, which gave 40213 (b) farwarded ta rise to immediate cause (a), . ⊆ DUE TO stoting the underlying couse Ö. gud last be used remaya", PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/01 WAS AUTOPS)
PERFORMED? execute the certificate, YES NO shauld be 20a EXTERNAL CAUSE WAS 20b DESCR 8E HOW HUBRY OCCURRED (Enter nature of injury in Part L or Part L of tem 18.) 3 should PRIMARY I or CONTRIBUTING I Б CAUSE OF DEATH S 20c TIME OF INJURY Month, Doy, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a m. Nat While factory, street, affice bldg , etc) ot work at wark 21 I certify that I took charge of the remains described above, held on Autopsy Inspection X. Inquiry (X). and in my opinion DIRECTOR: death resulted from: Notural couses Accident Suicide Homicide Undetermined monner funeral d'rectar be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER priar SIGNATURE FUNERAL DEPLTY MEDICAL EXAMINER **EXAMINER'S** JOHN G. BALL may Health NAME (Type) Address (Street, city, town, or county) 230 BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) 23d LOCATION (City or Town) 0 Cremation 2-9967 Cedar Hill Crematory Suitland Maryland REG STRANK SIGNATURE Judge 24. FUNERAL DIRECTOR 25a REC'D 8Y REGISTRAR VR A15ME (5) PUMPHREY, Bethesda, Maryland В 1967 6M 1/67



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1 MADVI AND
r death	02442 CERTIFICATE OF DEATH	02435
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution of the collection of the co	on: Residence before admission)
	Montgomery MARYLAND Maryland	Fonts.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write R	
	Rockville Life Rockville	1 10 0501051105
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ŀ	300 Frederick Ave. 300 Frederick Ave.	YES NO A
ı	3. NAME OF First Middle Lest 4. DATE Month OF The DECEASED (Type or print) HTTRY PRATHER DEATH Feb. 14	O.FT
ı	last birthday) issue	NDER 1 YEAR IF UNDER 24 HRS.
	M Negro widowed Divorced Sept. 11, 1893 73 yrs.	
ı	during most of working life, even if retired) INDUSTRY	COUNTRY? U.S.A.
ŀ	Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.D.A.
	Henry Prather Evelyn Martin	
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
l	(Yes, mo, or unkown) (If yes give war or dates of service) Josephine Prather Item	#2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Aronamy Olevana	1 tem
	420) DUE TO DUE TO	5-2m
	Conditions, If any, which gave rise to immediate (b)	
	cause (a), stating the DUE TO Underlying cause last,	
		T1(a) 19. WAS AUTOPSY
	JICAT THE PROPERTY OF THE PROP	YES NO 12
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Ite (If Either, NOTIFY MEDICAL EXAMINER)	m 18.)
ı	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While st work at work at work	(County) (State)
		1962. that (I) (we) last
	21. I certify that (I) (this hospital) attended the deceased from (1937) to	
	22a, SIGNATURE 22	b. DATE SIGNED
	M.D. ATTENDING THE DIRECTOR PHYS.	
/	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town	or county) (State)
2	Burial 2/17/67 Lincoln Park Rockville,	
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGIS	
	Attu A . xili di dockville, harylan pareFFR 2 1 1967 VCL	toute Outer
1	1 1001 //	1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02443 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY b. COUNTY Montgomery Marvland Montgomery MARYLAND The law regures that the death certificate be executed within 24 hours after b CITY OR TOWN (if outside corporate limits, write RURAL and give neorest tawn) c TENGTH OF STAY IN 16 c CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) 7 Months Bethesda Rockville .= d NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street address) d STREET AOORESS S RESIDENCE ON A FARM? Potomac Valley Nursing Home 7606 Whittier Blvd. □ NO [**3**2] NAME OF Middle DATE Manth Year DECEASED Feb. 16. 1067 (Type or print DEATH 6 CDLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIEO OATE OF BIRTH Months White Oct. 29. Male 1878 WICOWED DIVORCED P 10o USUAL OCCUPATION (Give kind of work done 10b KIND DE BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT COUNTRY 2 D. C. Policeman ottending physician (permit. Then please S. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, crematian, or remayol. George Price Unknown 16. SOCIAL SECURITY NO.A 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 12. INFORMANT Son Address (Yes, no, or unknown) (If yes give wor or dotes of service) Same as Item 2. 7-30-3106 Richard R. Price. Jr. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEE burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE to Conditions if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse WAS ACTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMEO? NO 200 ACCIDENT WAS UNDERLYING [20b OESCRIBE HOW INJURY OCCURRED (Enter noture of mory in Port I or Part II of Item 18) OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s TIME OF INJURY Month, Ooy, Year 20d INJURY DCCURRED 20e PLACE OF INJURY (Home, form, ((*y or town) (County) (Stote) Not While foctory, street, office bldg , etc.) 21. I certify that (1) (this hospital) attended the deceased from. 1963 . 196 7, that (I) (week-tast saw the deceased alive an All 196 7 , and that death accurred at 2 AM, fram couses and on the date stated above 220 SIGNATURE OATE SIGNEO M.O. director, page should be filed Rockvillé Pike GEORGE NAME (Type) Marvland 23b DATE THEREOF 230 BLRIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Cedar Hill Cemetery Suitland, Maryland 2-18-67 250. REC O BY REGISTRAR Pumphrey, Bethesda, Maryland

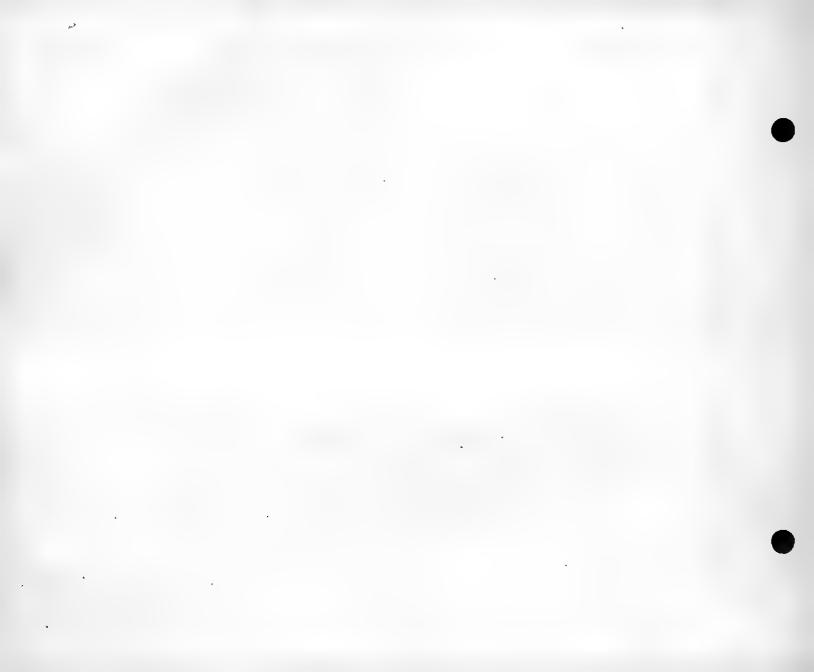


	tems 18-21 Film			PARTMENT OF HE		AID ATACE	
	· ·	F STATISTICAL RESEARCH				ND 21201	
FOR STATE	02444	MEDICA	L EXAMINER'S	CERTIFICATE OF	DEATH	02437	
HEALTH DEPT.	D. COUNTY			2 USUAL RESIDENCE (W	here deceased I ved, if institution	Residence before odmission)	
y is to	Montgon	nery	MARYLAND	Maryla	nd Mon	taomery	
delay and 3 t M3. Pag tment c	b CITY OR TOWN (If ourside con write RURAL and give neares		NGTH OF STAY N 16		s de carparate limits, write RURA	. awa give nearest tayin)	
2, and 3 to PM3. Page eportment of after death.	19Koma 1	ark	4/nrs	Silver	- Spring=	5 / /	
Dep B 1 2 2 1	d NAME OF HOSPITAL OR NSTITI	ITION (If not in hospital, give str	eet address)	d. STREET ADDRESS	2	e IS RESIDENC	
hin 24 hours offer death If any delay is settly litem 18. Give Pages 1, 2, and 3 to night office along with form PM3. Page pages land 2 with the State Department of in any event within 72 nours after death.	wasnington	San and t	10-spital	9702	entrewing	YES NO	Ц
deot Powith with	3 NAME OF DECEASED	First	Middle	1 T/S	4 DATE Month	Doy Year	1
Sive ng ng h	(Type or print) /7 L/	R RACE 7 MARR ED TX	NEVER MARRIED	B OATE OF B RTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24	HRS
with with	Famile Who	Te WIDOWED A	DIVORCED	2/12/22			/kn
hours Item I Office Land 2 event	100 USUAL OCCUPATION (Give kind of	work done 10h KIND OF		11 BIRTHPLACE (State o	ir foreign country)	12 CIT ZEN OF WHAT	
A h	during m stofwork. The events	wner_& opera	ľ	Alha	nia	COLNTRY?	
mm 24 mm 24 soges in any	13 FAINERS NAME	MICI W Obel s	1001	14 MOTHER'S MAIDEN N	AME		
I within n perch Exami File pog and in c	Themistocles	Zachos		.Amarli	a Kendrotha	าอจา	
in per le Example de Mille de	IS WAS DECEASED EVER IN U.S ARM (Yes, no, or unknown) (If yes give w	O FORCES? 16. SOCIAL	SECURITY NO 17. I	NFORMANT	Address	1AU L	
reute ng" dica dica oval	NO	NO	Ne	Vatient	chart		
ote should be executed the word "pending" is to the Chief Medical oburiol-transit permit.	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly one couse per line for (o), (b				INTERVAL BETWEE	N N
be "p " p hiel	IMMED	ATE CAUSE (o)	le extreme	injuries,	including mul	tiple onstrand blan	
ould vorc he (iol-tr	Conditions, if any, which gove	DUE TO			7 7		
shi ne v ho tl	r se to immediate couse (o),	III)			al pulmonary pleen with he		
cote and the solution of the s	stoting the underlying couse		ed in auto		Freen wron ne	morrnage,	
certifica writing prworde used as burial, c	PART II OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEA			OIT-ON GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?	
MINER: This certificate should be executed within 24 hours ofter death the certificate, writing the ward "pending" in percit them 18. Give Page 4 should be forwarded to the Chief Medical Examples Office along with it files. B 3should be used as a burial-transit permit. File pages land 2 with the Statement, prior to burial, cremation, or removal, and in any event within 72 not	200 EXTERNAL CAUSE WAS PRIMARY DO O'CONTRIBUTING D CA SE OF BEATH					PERFORMED? YES NO	
Thire fiction be don't be	200 EXTERNAL CAUSE WAS PRIMARY IN OF CONTRIBUTING	20b. DESCR BE	HOW INJURY OCCURRED	(Enter nature of injury in Po	ort I or Port II of tem 18)	66:	
ER: certi: ould es. houl	_ CAUSE OF DEATH	20000		enger, was		traffic nt.	
he the share sent, 3 s	20c TIME OF INJURY Month, E	oy Yeor 20d IN.JRY		CE OF INJURY (Home, form, only street, office bldg, etc.)	20f (City or town)	(County) (Stote	,
XAN XAN Ite 1 ge 4 your 3 oge	p m				Vashingto	n D.C.	_
MESTAL EXAMINER: oleose execute the certificator. Poge 4 should efained for your files. DIRECTOR: Poge 3 should s designated agent, pri		ak charge of the remains	. / /		Inspection , Inquir		nior
ctor ctor sign	death resulted frame	Notural causes	Akcident 🔀 , Suic	ide, Hamicide	Undetermined mar	nner []	
ME. directoring description of the control of the c	ACTUAL	Uslo. F	loah	CHIEF MEDICAL E		, 22. DATE SIG	NED
¥ See See C	SIGNATURE EXAMINER'S	and I	27/1		EXTENSIVER DE 7	112/1011	7
o DEPUTY MEDICAL EXA necessary, please execute the funeral director. Page 5 may be retained for you 7 FUNERAL DIRECTOR: Page Health or its designated a	NAME (Type) 364	DEN K	XEAP	M. Diddiess (Sidely	4 1/ 20 - 1	112/176/	
ro DEPUTY MESTAL EXAMINER: This necessary, please execute the certificate, the funeral director. Page 4 should be for 5 may be retained for your files. O FUNEAL DIRECTOR: Page 3 should be Health or its designated agent, prior to			NAME OF CEMETERY OR		23d LOCATION (City or Town) (State)
F 2	REMOVAL (Specify) Durial	2/15/67	Glenwood !	Cemetery 250 RECD	Washington	TRAR'S SIGNATURE	
VR A15ME (5)		4474 4777700 -	OTITO CCTT.		BY REGISTRAR 7250 REGI	Kilanian Juda	٤
6M 1/66	2901 14tn 5	t. N.W. Wash	ington. "	C DATE F	EB 1 5 1967	00	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02445 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived if institution. Residence before odmission) Montgomery p. COUNTY o. STATE b. COUNTY Page MANTGOMERY death, MARYLAND b C.TY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 15 c CITY OR TOWN (if outside corporate mits, write RURAL and give nearest town) write RuRAL and give nearest town) SILVER SPRING after TAKOMA PARK

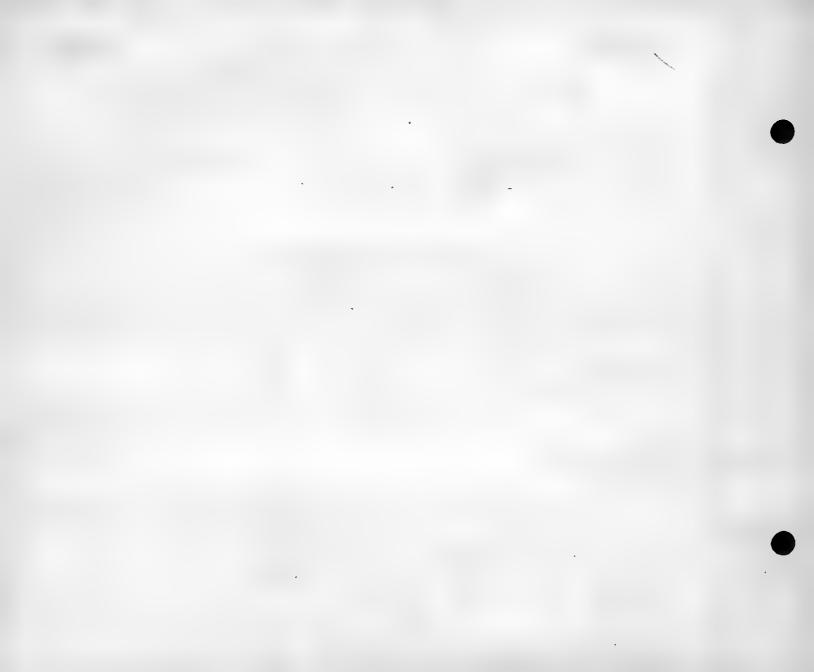
d NAME OF HOSPITAL OR INSTITUT ON (If not in hospitol, give street oddress) d. STREET ADDRESS hours ON A FARM? 13121 Clifton Rd. WAACHINGTON SANITARIUM And HOSPITAL YES [NO A hours after death 3 NAME OF Middle 4 DATE Month Year DECEASED THOMAS CHARLES February 1967 DEATH within (Type or print S SEX AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdov) Months Days 12-25-75 WHITE DIVORCED 100 LSUAL OCCUPATION (Give kind of work done 106 K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) LITAH COUNTRY? PENNSYLVANIA STATE OFFICIAL INSTATE OF AMERICAN 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME MARTN MARY JANE HARRIS pup 15 WAS DECEASED EVER IN .. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT This certificate shauld be executed (Yes, no, or unknown) (If yes give wor or dates of service ar remayal. 214-52-6025 ANTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for, (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) crematian, DHE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO stating the underlying cause 8 burial, (19 WAS AUTOPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, D SEASE CONDITION GIVEN IN PART 1(a) agent, priar ta 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF IN.URY (Home, farm, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) DIRECTOR: Poge des.gnated 21. I certify that I taak charge of the remains described above, held an Autopsy Ē Inspection D Inquiry X ond in my opinion the funeral directar. death resulted from: Noturol couses Acciden Surcide Homicide Undetermined monner may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE / FUNERAL 0 5 may 10 FUNE Health 23b DATE THEREOF 23c NAME OF CEM BURIAL CREMATION. LOCATION-(CUX 256 REGISTRAL SIGNATURE VR A15ME (5) 6M 1/66



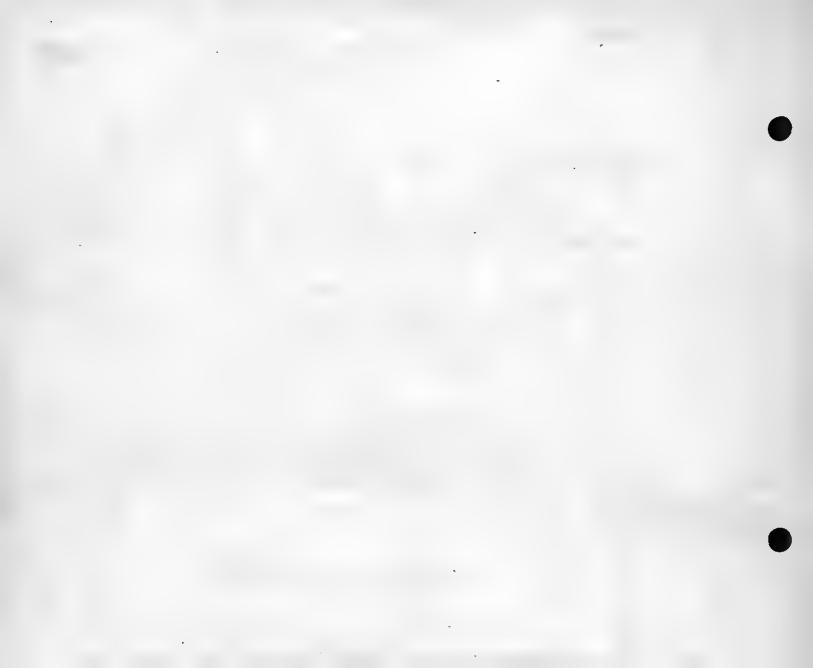
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02446 CERTIFICATE OF DEATH within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH b. COUNTY b. COUNTY o. STATE MONTGOMERY MARYLAND remove carban papers. Pages of any event, within 72 haurs aft b. CITY OR TOWN (If outside corporate i mits, LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) give necrest town) ROCKVILLE and completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? GROSVENOR PLACE 0401 GROSVENOR PLACE NO Z YES NAME OF 4 DATE First Middle Month Dov Year DECEASED OF DEATH (Type or print) a requires that the death certificate be executed S SEX AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Days Hours WIDOWED DIVORCED 50 yrs FEMALE 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT burial, crematian, ar removal, and in during most of working life, even if retired) INDUSTRY COUNTRY? housewife ILLINOIS USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DAN MULLER ROSE LEBISH 1040 dess GROSVENOR PL. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT HUSBAND (Yes, no, or unknown) (If yes give wor or dotes of service ROCKVILLE. MD. GEORGE RAPPAPORT* NO INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) and PART I DEATH WAS CAUSED BY. burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital ar attending physician. DIJE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse State Dept. of Health priar to this certificate has been for use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOL 19. WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg, etc.) Not While ot work O FUNERAL DIRECTOR: After director, page 3 shauld be shauld be filed with the Stat 21. I certify that (1) (this hospital) attended the deceased from July 6 19/05 to 2-16 and that death accurred at 11 45 M, from causes and on the date stated above saw the deceased olive an 220 SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 BURIA., CREMATION BEMOVAL (Specify) 23b DATE THEREOF 23c. NAME OF CEMETERY OF TREMATORY 23d LOCATION (City or Town) (Stote) (County) 2-19-67 KING DAVID MEMORIAL FALLS CHURCH. FUNERAL DIRECTOR
RIVARD DANZANSKY ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 [4] 20 M 1/66 SONS WASHINGTON, DC



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH a. COUNTY o STATE **b.** COUNTY MARYLAND Montgomery Maryland 24 hours ofter b CITY OR TOWN (If our side carparate limits, lease remove carbon papers. Pages and in any event, within 72 hours oft c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) Silver Spring Silver Spring filled in I d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES [NO DO Holy Cross Hospital 3225 Verona Dr certificate be executed within 3 NAME OF Middle Lost 4. DATE Manth Day Year DECEASED OF 1967 (Type or print) DEATH Mildred Rean IF UNDER I YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH AGE (In years 7 MARRIED last birthday) Months Davs Haurs female 2/13/02 cau WIDOWED DIVORCED 65 VIS. 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10g USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY U.S.A. Washington, D.C. wn home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removol. Blanche C. Greene John E. Armstrone 17. INFORMANT deoth 16 SOCIAL SECURITY NO Address permit. (Yes, no, or unknown) (If yes give war or dates of service) Verona DANDE Relden Rean UPA CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Will DUE TO DINOMBOSIC DROWN Canditions, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying cause as the SCLENOSIS last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITO) WAS AUTOPS PERFORMED? of Health YES NO ficate 1 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING the hospitol OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur a.m. at wark at wark 21. I certify that (1) (this hospital) attended the deceased fram. Poge 4 moy be retoined O FUNERAL DIRECTOR: A 17/1966 and that death accurred at 12 M, fram causes and an the date stated above. saw the deceased alive on DATE/SIGNED 22a. SIGNATURE STAFF PHYS. DIRECTOR M.D. PHYS SPRINE 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) &x 230. BURIAL, CREMATION, 23b. DATE THEREOU 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (Stote) REMOVAL (Specify) March Maple Flats Cemetery Cleveland. New York 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR Ochanley Jud VR A1II (III) DATE 20 M 1/66

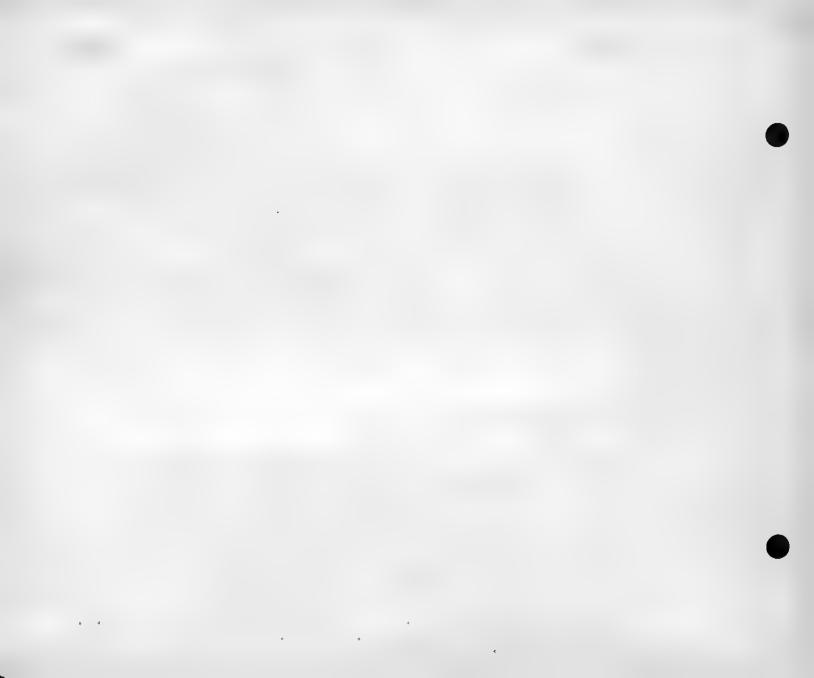


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	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02441
HEALTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution of STATE) 6. COUNTY 6. COUNTY 7. DEATH 6. COUNTY 7. DEATH 7. DEATH 8. COUNTY 8. COUNTY 9. STATE 9. STAT	ion: Residence béfore admission)
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cay dela 7, 2, ond 3 n PM3. P		Jakoma Park DOM Rockville	1 + - 1
orm orm		d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS	P. ON A FARM?
oth If any delay ages 1, 2, and 3 ath form PM3. Pa		Wash, San + Hasp. 14700 Crossway	YES NO
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to the bur		rise to immediate cause (a).	
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	2	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
Thrs contacts, vicate,	ATIO		YES NO
#= _ P _	CERTIFICATION	20b. DESCRIBE HOW NULRY OCCURRED (Enter nature of njury in Part at Part II of item 18.) PRIMARY OF DEATH CAUSE OF DEATH	
EXAMINER: tute the certi oge 4 should your files. Page 3 shou cremotion, o	MEDICAL	20k TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 20e. PLACE OF NJURY (Hame, farm, 2Df (City ar town)	(County) (State)
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se exect se exect extor. Po ned far ECTOR: burro,		death resulted from Notural couses 🗷 Accident 🔲 Suicide 🔲 Hamicide 🔲 Undetermined mi	ariner 🔲
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TY P		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER COPPUTY MEDICAL EXAMINER	12. 110cm
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F E 8		REMOVA (Specify) Peb 24, 1967 Gate of Heaven Cemetery Silver Spri	
VR A15ME (5)	7.1		GISTRAR S SIGNATURE

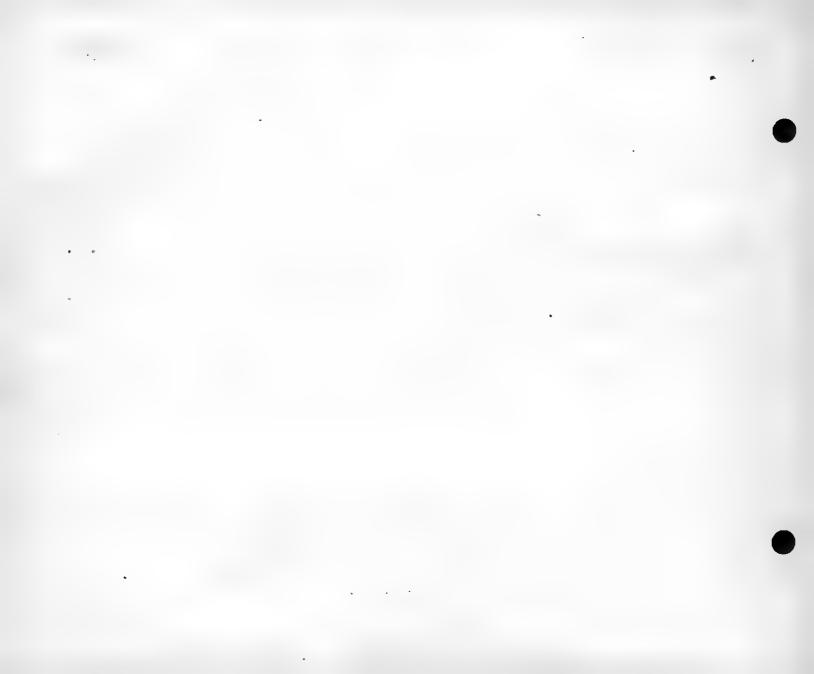


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02442 02449 CERTIFICATE OF DEATH the attending physical campletely filled in by the funeral sit permit. Then states lemave carban papers. Pages 1 and 2 nation, at remavol, and any event, within 72 hours after death. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY a. STATE b. COUNTY Montgomery Maryland Pr. Geo. MARYLAND b. CITY OR TOWN (If autside carparote limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give neorest town)
Takoma Park W. Hyattsville d STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1436 Kanawha Street NO 5 Wash. San & Hosp. YES 3. NAME OF First Middle Last 4 DATE Month Doy Year DECEASED ABRAHAM RESNIK 1967 (Type or print) DEATH February IF JADER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years 7 MARRIED **IXIX** NEVER MARRIED Jost birthdoy) Months Days Hours Male White 12-20-1891 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Rudssia Food USA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Zelda -----Hyman Resnik 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Israel Resnick. 10119 Brock Dr.. unknown crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY **burial-transit** ONSET, AND DEATH IMMEDIATE CAUSE (o) an signed by attending physician. DUE TO burial, Conditions, if any, which gave rise to immediate cause (a), **DUF TO** for use as the b stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been 61 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO 4 may be retained by the haspital or 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH ġ, detached (IF EITHER, NOTIFY MEDICAL EXAMINER) te Dept. (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) While Not While at work at wark Stat þ 21. I certify that (I) (this hospital) attended the deceased fram 196 /, that (I) (we) last should and that death accurred at S. P. W from causes and an the date stated above. 196 saw the deceased alive an 22a. SIGNATURE 22b. ATTENDING MED. DIRECTOR STAFF hima M.D PHYS. PHYS. director, page Shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S Aaron Nimet 16th Street N.W., Wash., D.C. NAME (Type) 23d. LOCATION (City or Town) 23g BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify)
Burial Hyattsville, Md. 2-8-67 Geo. Wash. Cem. Inc 2Sq. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) Goldberg Funeral Home - 4217 9th St. N.W., D.C. DATE FFR 20 M 1/66





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FOR STATE	02452	M	CERTIFICATE OF	DEATH	00445		
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24 hours after death in Item 18. Give Poger's Office along with fest ond 2 with the States death.	3 NAME OF DECEASED	First	Muddle	10 Lost	DATE Mon		Year
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ner in 2	13. FATHER'S NAME	seeper !	,	14 MOTHER'S MAIDEN NAM	W.	3 (6)	
within your pencil is your ner your hour bage	Calmin	Randos	erol	I man of	Tuward		
executed within anding" in pencil Medical Exom ne t permit. File pGg within 72 hours	15 WAS DECEASED EVER IN L (Yes, no, or unknown) ((If ye	S. ARMED FORCES?	16 SOC AL SECURITY NO 17.	INFORMANT	* Neith	855	
ing" ing": dica	(1/es, 110, 61 31 Kilowil) (11 ye	s give wor or do es or sewice,					
ld be executed within 24 rd "pending" in pencil in Chief Medical Exom ner's transit permit. File pagges event within 72 holdranges	18. CAUSE OF DEATH PART DEATH W	(Enter only one couse per line			<u>-</u>	INTERVAL ONSET AN	
should be e re ward "per a the Chief I burrol-transit		IMMEDIATE CAUSE (o)	Cerebral lacer	ation and		OHSET PAI	- OLAIN
should tward the Ch unol-tre	Conditions, if any, while	DUE TO	Tamanahaaa Jara	A			
e should the war ta the burnol-	nse to immediate cou	se (o), (Hemorrhage due	to gunshot v	Wound in hea	14	
ficate ing th rded as o and i	stating the underlying	(c)					
wrii wrii irwa sed vol,	PART II OTHER S.GNIFF	CANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION G.VEN IN PART 1(0)	19 WAS A PERFO YES	NO NO
ER: This certificate, ould be fores.	200 EXTERNAL CAUSE V PR MARY TO OF CONTR B	/AS 20p	DESCRIBE HOW INJURY OCCURRED	. (Enter noture of more in Por	t or Port Laf tem 181	11.5 12.0	, MO []
NER: T certification to the control of the control		UT NG □ De	eceased shot s	elf in right	temple		
EULCAL EXAMINER: ose execute the certif rector. Poge 4 should bined for your files. RECTOR: Poge 3 should o buriol, cremotion, or	20c T ME OF INJURY I			ACE OF INJURY (Home, form	20f (City or town)	(County)	(Stote)
MEDICAL EXAMIN please execute the director. Page 4 sh retained for your fill DIRECTOR: Page 3 sh	12:05 pm 2			ctory, street, office b dg .etc) Hone	Takoma Park	Montg.	Md
NI E) Xecult Pog for y OR: P	21 1 certify th	I took charge of the	remains described above, l	eld an Autopsy 📆,		6-3	ny apinian
MEDICAL E please exect director. Po etfoined for DIRECTOR: to buriol,	death resulted	rom. Natural causes	Acydent 🔲, Su	icide 🔼 , Hamicide 🛭	, Undefermined m	ionner 🗌	
A to the transfer of the trans	ACTUAL 1	0.0.	1/bab Vi	CHIEF MEDICAL EX		22 0/	ATE SIGNED
rol color	SIGNATURE	xoun /	HUGH NO	M D ASSISTANT MEDICA	A STATE OF THE STA	1-1/10.	~
SSGD V PER P	EXAMINER'S RAME (Type) REL	DENKIL	JEALD M.D.	To advest Goest		126/146	7
TO DEPUTY MEDICAL E. necessary, please execute from the functor director. Pog 5 may be retained for to FUNERAL DIRECTOR: Pleast	230. BURIAL, CREMATION	23b DATE THEREOF	23c NAME OF CEMETERY/O	CREMATORY	23d LOCATION (City or To	(Coupty)	(Stote)
5 25 4	13 WING	Murch 1.19	67 George Wa	المستحدد المسامة	adelphi	· ma	-
VR ATSME (5) YA	4 FUNERAL DIRECTOR	cotion all	ADDRESS AND	Jach WC DATE MA	Y REGISTRAR 25b RI	EGISTRARS S GNATURE	ANT.
6M 1/67	Francisco 10	cure, Light	evrace miner.	DATE WIF	W 2 1901		8
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1	MARY DIVISION OF STATISTICAL RESEA	LAND STATE DEPARTMENT OF RCH AND RECORDS, 301 W. PRESTO	F HEALTH ON STREET, BALTIMORE 1, M/	ARYLAND
or attending physician. The raw requires that the attending physician and completely filled in by the funeral attending physician. The property filled in by the funeral transit permit. There please remove carbon papers. Pages 1 and 2 salth prior to burial, cramation, or remover, and in any event, within 72 hours after death.	02453	CERTIFICATE OF DEAT		6
5 6 5	a. COUNTY MONTGOMERY	maryLand Marylan	CE (Where deceased lived, If institution: Res b. COUNTY nd Montgom	erv
in and completely filled in by the farenove carbon papers. Pages 1 in any event, within 72 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) GERMAN TOWN	c. LENGTH OF STAY IN 1b c. CITY OR TOWN (I	f outside corporate limits, write RDRAL a	nd give nearest town
filled appers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address) CREST, Inc. 8107 G		e. IS RESIDENC ON A FARM? YES NO S
arbon it, with	3. NAME OF PIRST DECEASED (Type or print) LSRAE!	WRIT Rothman	4. DATE Month OF DEATH FEB.	Day Year 4 1967
any ever	5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED F	NEVER MARRIED 8. DATE OF BIRTH	9. AGE (in years IF UNDER I	
E 0	Oa. USUAL OCCUPATION (Give kind of workdone 10b. Kil Buring most of working life, even if retired) INI Fool & Dve Maker. retd.	DO OF BUSINESS OR 11. BIRTHPLACE (I	County & State, or foreign country) 12. CTT	IZEN OF WHAT
advar p	3. FATHER'S NAME Alter Rothman	14. MOTHER'S MAI		
n, or rea	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S Yes, no, or unkown) (If yes give war or dates of service)	ocial security no. 17. informant 3-1019-68A Mrs. Gert	Address 810	
burial, cramation, or removal, and in a	18. CAUSE OF DEATH (Enter only one cause per lin PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		earner disease	INTERVAL BETWEEN ONSET AND DEATH
ms cerundate has been signed by letached for use as the burial-transit Dept. of Health prior to burial, cram	Conditions, If any, which gave rise to immediate	betes mellite	9	10 years
as the	cause (a), stating the DUE TO underlying cause last.	- Carlotte Street Control of Cont		// // // // // // // // // // // // //
t. of Health pi	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED	tentre et lan		19. WAS AUTOPSY PERFORMED? YES NO
e Dept. of P		SCRIBE HOW INJURY OCCURRED. (Enter nature of		
State De	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. While p.m. 19 at work	IURY OCCURRED 20e. PLACE OF INJURY (Home, factory, street, office bldg.,	farm, 20f. (City or town) (Coun	ty) (State)
3 should with the S	21. I certify that (I) (this hospital) attended saw the deceased alive on	the deceased from 11/3, 1962, and that death occurred at		
DIREG age 3 iled w	22a. SIGNATURE P. Kgr	M.D. ATTENDING PHYS.	MED. DA STAFF 22b. DA	14 67
director, p	22c. PHYSICIAN'S NAME (Type) JAMES P. H	ERR RIGGER	ROAD, DAMASCUS, 1	Md. (State)
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 2/6/67 24. FUNERAL DIRECTOR	23c. NAME OF CEMETERY OR CREMATORY King David Mdm. Gar ADDRESS 3501-1.4th Sala	Falls Ch., Va	•
	Bernard Danzansky and S		EB 7 1967 Icharl	as Judge
1/00				11 0

e.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02454 CERTIFICATE OF DEATH death, requires that the death certificate be executed within 24 haurs after death the funeral 1/ PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution) o. COUNTY o. STATE b. COUNTY papers. Pages 1 nin 72 haurs after montgomer b. CITY OR TOWN (If autside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) filled in by CYD Randa towy d. NAME OF HOSPITAL QR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8607 YES NO X event, within arium 4 Washing carban NAME OF DATE First Middle Lost Month Doy Yeor DECEASED 1967 (Type or print) Suzanna DEATH February IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED remdve birthdoy) Months Dovs Hours 12-12-97 in any (wh:4 WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY House wite Oun Home Marylano USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI ar remay Thinch com b attending p Louise Pumphre-WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service Records . Washington Sanitarium signed by the after burial-transit permit burial, crematian, a Unknown No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH LIMONIE IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o). DUE TO far use as the b f Health prior tab attending stoting the underlying couse has been PHYSICIAN: The law lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO X O FUNERAL DIRECTOR: After this certificate by the haspital or 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II af item 18.) be detached for State Dept. af H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) Hour 'o.m. While Not While foctory, street, office bldg., etc.) ot work OR ATTENDING ot work 21. I certify that (I) (this haspital) attended the deceased fram 19 67, that (1) (we) last be retained 19 67, and that death accurred at 9 0 M, fram causes and an the date stated above F-015 saw the deceased alive an_ 22b. DATE SIGNED 220. SIGNATURE ATTENDING M.D. DIRECTOR PHYS. PHYS director, page shauld be filed TO HOSPITAL (Page 4 may b 22d. ADDRESS 22c. PHYSICIAN'S ABKIN NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION, (County) (Stote) REMOVAL (Specify)
Burial 10 Feb. 67 Cedar Hill Cemetery Baltimore Md. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ionles VR A15 (4) 25M 1/67 1967 FFB Kirkley Funeral Home, Glem Burnie, Md. DATE

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